

**Report from Quality Assurance Committee
 meeting held on 28 February 2019**

Item 22k

Governing Body meeting

2 May 2019

Author(s)	Carol Henderson, Committee Secretary / PA to Director of Finance
Sponsor Director	Amanda Forrest, Chair of Quality Assurance Committee
Purpose of Paper	
The paper summarises the key points arising from the CCG's Quality Assurance Committee meeting on 28 February 2019 and is accompanied by the unadopted minutes of the meeting.	
Key Issues	
Key issues are as set out in the paper.	
Is your report for Approval / Consideration / Noting	
Noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to: 1. Note the key messages in the Executive Summary 2. Receive the unadopted minutes from the 22 February 2019 meeting	
Governing Body Assurance Framework	
<i>Which of the CCG's objectives does this paper support?</i> 5. Organisational development to ensure CCG meets organisational health and capability requirements Principal Risk 5.4 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage particularly at a period of change.	
Are there any Resource Implications (including Financial, Staffing etc)?	
None	

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not
Not applicable

Have you involved patients, carers and the public in the preparation of the report?

Not applicable

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EXECUTIVE SUMMARY

- Members noted the effectiveness of the Primary Care Development Nurse (PCDN) programme and the requirement for NICE guidelines and national indicators of quality to be embedded into practices.
- Members noted that patient engagement with online feedback and Friends and Family test participation had plateaued in primary care, and that there was a need to support GP practices to understand the importance of engagement and feedback from patients.
- Members agreed that the work in the third sector must link to the strategic development of the city. They noted that grants to voluntary sector organisations were not contract managed in any way but that these arrangements would be reviewed in 2019/20 as part of the wider contract management process.
- Member noted issues at Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) relating to meeting Section 117 Court of Protection Cases and the action plan the CCG was supporting the trust on to resolve the issues.
- Members received a presentation on care homes and the comprehensive transformation programme that was being funded by short term funding but required further investment. The committee would receive an update at its next meeting as to whether or not this further investment had been secured.
- The Chief Nurse felt the depth of quality assurance was increasing and reflected that there was more focus and appreciation of quality within the CCG.
- The committee also approved the following clinical policies:
 - Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) Policy
 - Nurse Revalidation Policy
 - MRSA Guidance Policy
 - Pharmacy Revalidation Policy

**Unadopted Minutes of the Quality Assurance Committee
Meeting held on Thursday 28 February 2019, 2.00 – 4.00 pm
Boardroom 722 Prince of Wales Road, Darnall**

Present:

Ms Amanda Forest, Lay Member (Chair)
Ms Jane Harriman, Head of Quality
Dr Terry Hudson, Governing Body GP Member
Ms Mandy Philbin, Chief Nurse
Dr Marion Sloan, Governing Body GP Member

In attendance:

Dr Trish Edney, Healthwatch Sheffield
Ms Laura Garner, Business Manager (minutes)
Ms Kay Meats, Client Manager, 360 Assurance
Ms Karen Massey, Senior Quality Manager – Care Homes / Home Care
Mrs Grace Mhora, Quality Manager, Commissioning
Ms Sarah Neil, Quality Manager, Patient Experience
Mrs Maggie Sherlock, Senior Quality Manager, Commissioning

ACTION

01/19 Welcome, Introductions and Apologies

Apologies from voting members had been received from Mark Gamsu, Lay Member, Ms Debbie Morton, Clinical Head of Service Clinical Services, Dr Chris Whale, Secondary Care Doctor and Alun Windle, Deputy Chief Nurse.

Apologies from non-voting members had been received from Janet Beardsley, Senior Quality Manager.

02/19 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). She also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting.

Declarations made by members of the Quality Assurance Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link:

<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

There were no declarations of interest in relation to the items to be discussed in this meeting.

03/19 Minutes of the meeting held on 22 November 2018

The Chair noted a typo on agenda item 55/18v (b), page 11. 'The Chief' to be edited to 'The Chief Nurse'.

Otherwise the minutes of the meeting held on 22 November 2018 were agreed as a correct record.

Dr Hudson asked if the unadopted minutes of the committee meetings could continue to be circulated to members as soon as possible after the meeting.

04/19 Matters Arising

a) Quality Monitoring of Locally Commissioned Services (LCSs) in General Practice 2017/18 (minute 36/18 and 54/18 c refers)

The Chief Nurse has raised the issue at the Cancer Alliance Board that STHFT is currently not sharing results of blood tests. The Chief Nurse agreed to discuss this with the Cancer Alliance Programme Lead and feedback to Quality Assurance Committee next meeting.

b) SCHFT: Child and Adolescent Mental Health Services(CAMHS) Tiers 3 and 4 Care Quality Commission (CQC) Inspection Report Summary

The Head of Quality confirmed the SCCG SCHFT QAC to QAC meeting is scheduled for 13 March 2019. The Chair gave Dr Edney an update on the background of the meeting, including the context of children's services in Sheffield. The Chair informed Dr Edney that she would be welcome to join the meeting as a new member of the committee.

MP

05/19 Providers' Performance

Transport Services Quality Assurance Report Quarter 3

The Head of Quality presented this report which provided an update on the performance of the Yorkshire Ambulance Service (999/111/PTS) and Premier Care Direct (renal transport) for Quarter 3 2018/19.

She highlighted key points as follows:-

The position of Senior Quality Manager for Patient Transport has been filled successfully the first week in March and working through routine recruitment processes.

Performance against the targets for the GP Urgents (GPU) is improving. Success rates against the 120 minute target have increased from 82% to 94.9%. The Head of Quality confirmed GPU was no longer an issue. The Chair queried the factors contributing to the increase in performance. Dr Sloan reported experiencing no recent transport issues and Dr Hudson felt the circulation of categories in the GP bulletin has been helpful. The Chief Nurse informed the committee The LMC have recently raised

concerns regarding response times.

The Chair reported a further increase in sickness levels at YAS, and asked Contract Board members to continue to review how this is affecting the YAS services in Sheffield. The Chief Nurse suggested seasonal trends are a factor, suggesting it may be useful for the contracting team to review this further. The Head of Quality to establish if there are any effects on the service.

JHa

The Head of Quality reported the Primary Care Direct service (led by Doncaster CCG), has been issued with a contract performance notice following a significant number of quality issues. The Head of Quality confirmed Doncaster CCG have an action plan in place, and asked the group to note this is ongoing.

The Quality Assurance Committee received and noted the report.

06/19 General Practice

a) General Practice Quality Report Quarter 3

The Senior Quality Manager – Primary Care / SHSCFT presented this report which provided members with an overview of Sheffield general practice's quality and performance in relation to Care Quality Commission (CQC), Quality Outcomes Framework (QOF), incident reporting, infection control, and patient experience. She drew their attention to the key highlights.

QOF points have recently been reviewed. SCCG are performing in line with the national average. There are two indicators that are 6% below the national average. The two indicators are:

“The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with an ACE-I (or ARBs)” and
“The percentage of patients with COPD with a record of FEV1 in the preceding 12 months

The Chief Nurse reported Primary Care Development Nurses are doing a piece of work educating practices on NICE Guidelines.

Dr Hudson felt that rather than focusing on activity, it would be useful for the indicators to have a quality focus. He also suggested it would be useful to triangulate the data further in the future. The Senior Quality Manager stated that the focus will shift in 2020 when the revised indicators are released. She also assured members the upcoming report will include a breakdown of 'grasp' data and public health information.

There has been one reported SI in relation to a delay in diagnosis.

The Infection control team are continuing work on the Quality Premium in relation to E Coli targets and urinary infections in primary care.

Dr Hudson asked for more information relating to delivery of the target and the Senior Quality Manager agreed to meet outside the meeting with

MS

the Infection Control Nurse and discuss the target and barriers to delivery.

FFT response rates are reportedly low across the city. The Chair asked if there is anything further the SCCG could do to increase these. The Quality Manager – Patient Experience explained the data has been thoroughly analysed to understand Sheffield's position within the national picture. Resource packs have now been distributed across practices in the city, and practices are being asked about their engagement levels during practice visits. FFT is also being reviewed nationally and the questions may be more flexible in the future. The Quality Manager explained the next step will be for high performing practices to share best practice across the city.

Finally, the Chair summarised that although the committee believe there are short comings with national indicators, they are a necessity to report on at this moment in time and the team will review other qualitative measures locally.

The Quality Assurance Committee received and noted the report.

b) Primary Care Sheffield Quality Report Quarter 3

The Senior Quality Manager – Primary Care presented this Q3 report.

The Senior Quality Manager informed members that mentorship of CASES is being pursued through Primary Care Sheffield.

One SI has been reported relating to Information Governance.

The Chair agreed there were no issues of concern in the report.

In relation to Quality Monitoring of Primary Care, The Head of Quality informed the group that an internal audit has been undertaken during January/February. The final report is to be added to the agenda of the next committee. The Head of Quality confirmed she has seen the final draft and there are no concerns.

MSh

The Quality Assurance Committee received and noted the report.

07/19 Provider Performance Exception Report Quarter 3

The Head of Quality presented this report which provided members with key highlights of Sheffield provider's performance, detailing the CQC Registration position, Quality Standards and Targets for Quarter 3. She drew member's attention to the key highlights on the Red rated areas.

a) Sheffield Children's NHS Foundation Trust (SCHFT):

There were issues with CAMHS Tier 3 and 4, and a CQC/Ofsted SEND inspection commenced on Monday 25th February. A SCCG SCHFT QAC to QAC meeting is scheduled for 13th March.

b) Sheffield Health and Social Care NHS Foundation Trust (SHSCFT):

The trusts' CQC rating had deteriorated from 'Good' to 'Requires

Improvement'. A SCCG SHSCFT Board to Board meeting took place in February. The chair fed back that the meeting was helpful and honest. The chair noted the trust gave assurance of progress, including work on staff morale, and infrastructure being put into the acute services. There was a discussion around estates, and it was agreed that funding is required to replace the buildings.

c) Sheffield Teaching Hospitals NHS Foundation Trust:

Repeated never events have been reported from the trust. Issues around the pathway process and the number of Sis received were reported and this is currently being analysed by the CCG.

d) Non-Foundation Trusts

i General Practice:

The Mathews Practice continues to be in special measures and is awaiting a CQC report from the repeat inspection in January. Alongside contracting issues, the chair expressed concerns arising from a recent discussion at PCCC regarding the practice failing to respond to a safeguarding concern. The Senior Quality Manager explained the concerns relating to accessing a patient's record that has died. The practice had responded and currently being managed by the Deputy Chief Nurse and escalated to CQC.

The data has not yet been submitted for the LCS Audit for The Mathews Practice. The Medicines Management Team at SCCG is working closely with the practice around DMARDS.

ii Care Homes

Ms Karen Massey, Senior Quality Manager – Care Homes / Home Care advised members that two care homes have returned to 'routine monitoring' since last Quarter.

Jasmine Court has been safely closed down. 27 residents were relocated and the families had involvement in the choice of care homes (many went to St Catherine's). It was reported the bed capacity tool helped make this achievable, as well as close support from the council. Patients have remained with their original GPs.

The Chief Nurse explained that the escalation reports are to be shared with the GPs undertaking Local Commissioned services or linked with the care homes.

The Senior Quality Manager confirmed The Dale is due to reopen as a residential home.

The Quality Assurance Committee received and noted the report.

KM

08/19 CQC SEND Report: Implications for Sheffield

The Chief Nurse presented this report of an overview of findings and

actions for the CCG to take, jointly with the local authority following a CQC and OFSTED inspection. The Chief Nurse began by explaining the pathway is large considering it serves a small cohort of patients, and the health element is only a small section. That there is specific statutory requirements health must deliver on. One of the key issues is that there is little amount of performance data available on the pathway.

The Chief Nurse explained the team have allocated a Commissioning Manager to oversee this work that is developing a performance dashboard. There will be a focus on working with parents and families' and joint commissioning budgets with the local authority going forward. The Chief Nurse explained the DCO is accountable for the quality assurance aspect of the pathway, and is pivotal to understanding quality plans offered, whether the plans are followed through, commissioning intentions and future needs of services.

The Chief Nurse explained seven key actions resulted from the inspection, of which SCCG own one and contribute to others. SCCG and The Local Authority are both working through a written action process which will be signed off by the Chief Nurse and Chair of Sheffield CCG prior to being signed off in Sheffield in April. This will be discussed in next week's public Governing Body.

The Chief Nurse noted they will be mindful SPEEC are fully sighted on processes. Dr Hudson agreed it may be useful for an update paper to go to SPEEC.

MP

Dr Edney queried the increasing number of tribunals requested by families. The Chief Nurse noted the gap of a DCO has led to this as a direct consequence.

The Chief Nurse assured members a review of community nursing as well as the wheelchairs issue is ongoing. It was reported OFSTED discovered children whom had not been measured for a wheelchair for up to a year after referral. The service is provided by STH, subcontracted to providers, and has improved since the inspection. Two patients have currently been waiting for over a year. The Chief Nurse reported the service is failing to prioritise children with a disability over adults with a disability. Members felt concerned this hadn't come to light via the normal commissioning pathways. The Chief Nurse added a service specification is now in place, which includes patient experience. SEND is included on the SCCG risk register.

The Quality Assurance Committee received and noted the report.

09/19 Not for Profit Sector Update

Ms Grace Mhora, Quality Manager, presented the paper which gave an update on the Not For Profit Sector. She highlighted the key points. The Quality Manager informed the group that Not For Profit organisations do not have NHS Standard Contracts but rather have grant agreements to support continued service which are not subject to the usual contract

management process. The Contract Manager is reviewing all grant agreements this year.

The Chair informed members that Voluntary Action Sheffield took a paper to the ACP Partnership Board on the need to invest in the sector, which was not approved. The Chair stated the voluntary sector must be considered in the ambition for a thriving city.

Dr Hudson stated that voluntary services must ensure they reach outcome standards that would be acceptable to health care providers, particularly if they are providing services because there is no capacity in the NHS. The Chief Nurse was under the impression this would not be possible as there is no statutory duty to do so. The Chair recalled attending a recent support group for charities, whereby the Cavendish Cancer Society reported a large influx of patients being referred due to a change in the cancer pathway, despite having no extra resource to manage this.

The Quality Assurance Committee received and noted the report.

10/19 Section 117 Court of Protection Cases Quarter 3

The Head of Quality presented the Section 117 Court of Protection Cases Quarter 3 for information. She raised the key points arising from the paper.

Sheffield CCG hold responsibility and joint funding arrangements with SCC for care packages for patients subject to Mental Health Act S117 after care arrangements living in registered care settings. Jo Harrison, Nurse Quality Manager MCA/DOLs is leading on this work and has developed a plan to address key issues within the city.

The Head of Quality summarised the issues as follows.

It was explained the S111 care packages are managed and coordinated by staff at SHSCFT, and SCCG are not always cited on proceedings on externally managed cases. Recommendations have been made that SCC is party to proceedings which would entail more legal costs. It was noted that SHSCFT attended court of protection hearings without legal representation was identified as a concern. The Head of Quality referred to the SCCG Plan under Appendix 1, to provide the committee with assurance the issues are being managed.

The Chair raised concerns the paper was a little too strongly worded, in places particularly highlighting paragraph 2.3. The Chair explained this issue was not raised at the recent Board to Board meeting and asked for this section to be amended.

The Head of Quality explained the paper refers to few cases which are the primary reason the issue has not been raised at a corporate level, however explained work, timeframes and cost involved is significant. The Chief Nurse suggested The Nurse Quality Manager – MCA/DOLs

JoH

reviews SCCG commissioner's advice for the SHSCFT to comply with. The Chief Nurse also suggested the strong language may be affected by the legal jargon.

The Section 117 Court of Protection cases are not noted in the SCCG risk register as The Chief Nurse felt they are manageable.

The Chair suggested it may be useful to report the above issues and plans to address them to Governing Body.

MP

The Quality Assurance Committee received and noted the report.

11/19 Provider Focus: Care Homes Update

Mrs Karen Massey, Quality Manager presented a report and presentation which provided members with an update on care homes and the innovation and assurance work.

The Quality Manager – Care Homes informed the committee a Project Manager has been in post for the past 12 months working on innovation delivering the national care homes - new models of care across Sheffield and supporting the project across South Yorkshire & Bassetlaw. The top three reasons for admission into a care home are respiratory problems, falls and UTIs.

The care homes contract specification is under review and the Chief Nurse noted this was an essential piece of work as this wasn't already in place.

Workforce was noted as an NHS-wide issue. The Quality Manager suggested that there is a lack of career pathway in care homes, and work on recruitment and retention is ongoing including joint work to produce a programme to support potential carers to understand the sector before they are employed. Participants are guaranteed an interview at a care home, and 10 out of 12 from the first cohort are still employed. The capacity tracker is embedded in Sheffield. The Quality Manager advised the next step is to achieve support from the acute trust.

The conveyance after a fall project which is CCG funded, relates to YAS working with 10 care homes and providing falls prevention training and equipment to help lift patients after a fall. The chair highlighted the differences between paid carers and family carers. The Quality Manager advised the group that care homes have fall policies in place which may deter a carer from lifting a patient even if they feel capable to do so. Dr Marion Sloan advised that Paul Wike, Central Locality Manager has disseminated information at a recent locality meeting that ECP staff are working with 999 call handlers to monitor calls to care homes. Dr Marion Sloan advised that due to this, they were of the impression that ECP staff are available to provide support with falls. The Chief Nurse advised that this may be misinformation. The Chief Nurse to discuss with Paul Wike. The Quality Manager advised that Medicine Optimisation of Care Homes is an NHS England Programme SCCG has been awarded funding and

has a large focus on quality. Apprentices are being recruited in care homes and a Dietician to support the Nutrition and Hydration Programme. Care Home ambitions for 19/20 were displayed. The Chief Nurse advised funding for the ambitions has been secured from another area and reinvested into care homes.

An overview of CQC ratings was displayed to members. 65% of care homes have been rated as good, and 3% as inadequate. The chair felt concerned the number of care homes rated as a form of Requires Improvement consists of a large cohort (25%). The chair asked for reassurance this picture will change. The Quality Manager advised there is an appetite in the homes to improve, and the team are working on securing engagement and trust with the care homes to support them to achieve this.

The Chief Nurse highlighted to the committee that the innovation work is carried out by one individual in post, and that NHS England has acknowledged the scale of the work being developed in Sheffield with little funding.

The Chair queried how the work CCG is doing relates to Healthwatch. Dr Trish Edney informed the committee Healthwatch carry out enter and view visits to care homes with a patient focussed. Dr Edney added the team review menus, activities, décor, accessibility and discuss issues with staff. Dr Edney felt concerned about high staff turnover in Sheffield care homes, and felt this is due to the job being low paid. She added many homes in affluent areas rely on part time students and trainees, resulting in a workforce continuity issue. The Quality Manager advised that intelligence received from Healthwatch feeds into information gathered by the quality assurance team.

The Chief Nurse advised the next step to improve quality will be to look at an alliance contract against providers to support the workforce problem. Dr Trish Edney commented they have not recently visited a care home that is covered by LES or LCS. The Chair noted this has been discussed at Primary Care Commissioning Committee.

The Project Manager role has been funded until October 2019. The Chair felt as an important role this should be extended further. The Chief Nurse advised they are working on a business case and will feedback to the committee.

The Quality Assurance Committee noted the issues and progress with the care home sector.

JHa

12/19 Patient Experience Report Quarter 3

Ms Sarah Neil, Quality Manager, Patient Experience, presented this report which provided information about patient experience feedback, highlighted any areas that give cause for concern about the quality of care provided by services commissioned by the CCG, and also highlighted good practice. She drew members' attention to the key

issues.

STH have developed a revised style of reporting using an integrated quality report. She suggested the report does not include as much detail on complaints as previously. SCCG have raised this with STH and the trust is working on developing the report further. No concerns were reported regarding FFT.

Members were informed previous reports showed STH have the highest number of complaints around head and neck and communication- 279 complaints were reported in the last year, 38% well founded. Concerns regarding short staffing in Ophthalmology were reported. Ms Neil stated she felt assured the trust was developing on their actions to tackle this. Ms Neil reported concerns around complaints handling at SHSCT. Only 38% of complaints during Q3 were responded to on time. Some improvement has been reported in FFT response rate, although low recommendations have been reported for inpatients. It was reported that SHSCT is reportedly making improvements triangulating data.

However the trust has identified a large number of fast track forms that have not been responded to within 10 working days (509) and currently being investigated. The forms have been categorised as 356 complaints, 41 high and 23 medium risks. The remaining were suggestions and compliments. Dr Hudson suggested it may be useful if the trust prioritise patients whom remain in their care. Ms Neil assured members the trust is dealing with this as a serious organisation failure. Members agreed to feedback to Governing Body following receipt of the final report.

All to note

The Quality Assurance Committee received and noted the report.

13/19 Papers for Information

a) Press Portal Documents Quarter 3 to Date

The Press Portal paper was presented for noting.

The Quality Assurance Committee received and noted the report.

b) Medicines Safety

i) Medicines Safety Group Quarter 3 Report

Dr Hudson advised supply issues reported at 2.8 be linked into General Practices and Community Pharmacy. The Chief Nurse confirmed this will be discussed in the Gold Command meeting the following week.

The Quality Assurance Committee received and noted the report.

ii) Controlled Drugs (CD) Lin Quarter 2 Report

The paper was presented for noting. There were no areas of concern to report.

The Quality Assurance Committee received and noted the report.

c) CCG Strategy Plans 2018/19 Quarter 3 Update

The Head of Quality presented the Commissioning for Quality, Primary Care, Care Homes, and Patient Experience Action Plan reports, which gave an update on the CCG Strategy Plan for 2018/19. The key issues were addressed as follows.

The Quality Assurance Framework is being reviewed as part of the 360 review. Quality and Governance around LCS audits work is in progress. Patient experience – accessible information standard is not yet resolved. Work with smaller providers around patient experience is currently delayed due to other pressures within the team. Integration with CHC and Local Authority is ongoing. The Commissioning for Quality Strategy will be reviewed this year.

The Quality Assurance Committee received and noted the reports.

14/19 Clinical Policies

a) Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) updated

The Quality Assurance Committee received and approved the revised MCA and DoLS Standards.

b) Nurse Revalidation Policy Updated

The Quality Assurance Committee received and approved the revised Nurse Revalidation Policy.

c) MRSA Guidance Policy Updated

The Quality Assurance Committee received and approved the revised MRSA Guidance policy.

d) Primary Care Serious Incident Policy and Communication Plan

The Chief nurse noted although the LMC agreed with the principle, they have not approved of the wording of this new policy. The Chief Nurse requested the group review and feedback any suggestions. To be brought back to the next committee.

e) Pharmacy Revalidation Policy

The Quality Assurance Committee received and approved the new Pharmacy Revalidation Policy.

MSh

15/19 The Chair advised that she would highlight the following to Governing Body:

- The effectiveness of the PCDN programme, and the requirement for NICE guidelines and national indicators of quality to be embedded into practices.
- Patient Engagement with online feedback has plateaued in primary

care- There is a need to support GP practices to understand the importance of engagement and feedback from patients.

- Work in the third sector must link to the strategic development of the city.
- Deprivation of liberty- the committee are now aware of the issues, and there is an action plan working with SHSCFT to resolve issues.
- Presentation on care homes and the development programme is comprehensive which is being funded by short term funding. Further investment is required.
- The Chief Nurse felt the depth of quality assurance is increasing and reflects that there is more focus and appreciation of quality within the CCG.

16/19 Any Other Business

Patient Experience Reports

The committee agreed that future patient experience reports could include a narrative rather than detailed graphs.

SN

17/19 Date & Time of Next Meeting

Thursday 25 April 2019, 2.00 pm – 4.00 pm, Boardroom, 722 Prince of Wales Road (this is a change of date from 11 April 2019).