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| Title of Meeting | 125 th Meeting of the Public Health Agency Board |
| Date | 17 September 2020 at 1.30pm |
| Venue | Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast |

Present

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| Mr Joseph Stewart | - Non-Executive Director (<i>Chair</i>) |
| Mrs Olive MacLeod | - Interim Chief Executive |
| Mr Edmond McClean | - Interim Deputy Chief Executive / Director of Operations |
| Mr Rodney Morton | - Director of Nursing and Allied Health Professionals |
| Professor Hugo van Woerden | - Director of Public Health (<i>via video link</i>) |
| Alderman William Ashe | - Non-Executive Director |
| Mr John-Patrick Clayton | - Non-Executive Director (<i>via video link</i>) |
| Ms Deepa Mann-Kler | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |
| Professor Nichola Rooney | - Non-Executive Director |

In Attendance

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| Mr Paul Cummings | - Director of Finance, HSCB |
| Dr Aideen Keaney | - Director of Quality Improvement (<i>via video link</i>) |
| Ms Marie Roulston | - Director of Social Care and Children, HSCB (<i>via video link</i>) |
| Mr Robert Graham | - Secretariat |

Apologies

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| Mr Andrew Dougal | - Chair |
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88/20 | Item 1 – Welcome and Apologies

88/20.1 The Chair welcomed everyone to the meeting. Apologies were noted from Andrew Dougal.

88/20.2 The Chair noted that this would be the last PHA Board meeting attended by Mr McClean and Mr Cummings prior to their retirements.

89/20 | Item 2 – Declaration of Interests

89/20.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

90/20 Item 3 – Minutes of previous meeting held on 20 August 2020

- 90/20.1 The minutes of the Board meeting held on 20 August 2020 were approved as an accurate record of that meeting, subject to minor amendments.
- 90/20.1 In paragraph 78/20.21, the Chair said that additional wording needed to be inserted to clarify that business should not be closing until a risk assessment has been carried out.
- 90/20.2 In paragraph 78/20.23, Mr Clayton said that he was seeking clarity that lessons from the first wave were applied.
- 90/20.3 Professor Rooney requested that the Chief Executive's Report is prepared along the lines of the PHA's strategic themes as outlined in paragraph 78/20.19. The Interim Chief Executive said that the format of the Report continues to be refined, but she took that feedback on board.

91/20 Item 4 – Matters Arising

- 91/20.1 There were no matters arising.

92/20 Item 5 – Chair's Business

- 92/20.1 The Chair advised that he had participated in a Zoom teleconference on behalf of Mr Dougal with the UK Public Health Network, the focus of which was to prepare a submission to the 2020 Comprehensive Spending Review. Participants felt that this was an opportunity to make a bid for increased public funding. He noted that the debate focused on the fate of Public Health England and health inequalities which he said was interesting as there was no clear understanding yet as to what was going to happen.
- 92/20.2 Mr Cummings noted that within Mr Dougal's report which had been circulated to members in advance, there was a reference with regard to how PHA allocates its funding and how this is monitored. He assured members that all funding is monitored and if PHA wished to make a decision to stop a particular Trust programme, it would be liable for the redundancy costs of any staff associated with that programme.
- 92/20.3 The Chair said that the Non-Executive Directors would wish to have an opportunity to review the terms of reference for the review of PHA, but recognising that this is ultimately a matter for the Permanent Secretary and the Minister. Mr Cummings said that, given that some of the officers of PHA are due to retire, he wished to put on record that at no point during his tenure has there been any suggestion that the PHA is underperforming in its duties. The Chair agreed that it is important that this is recorded but he added that in the correspondence received by the Chief Executive, the Chief Medical Officer pointed out that PHA has been performing well despite the pressures that it is under.

93/20 Item 6 – Chief Executive’s Business

- 93/20.1 The Chair thanked the Interim Chief Executive and Executive Directors for producing a comprehensive Report and invited the Interim Chief Executive to present the Report.
- 93/20.2 The Interim Chief Executive thanked the Executive Directors for the Report and said that it was a useful mechanism for reflecting on what the teams have achieved over the last month. She said that the teams are working hard to discharge their responsibilities as well as deal with the day to day business. She added that the demands in relation to COVID-19 work continue to build. She noted that there has been a lot of media interest in relation to testing and capacity, but pointed out that testing is run by the National Initiative and that PHA does not determine how many tests are carried out in Northern Ireland.
- 93/20.3 Ms Mann-Kler welcomed the Report, but she sought assurance that its compilation is not placing additional workload on staff. The Interim Chief Executive felt that it is useful to have such a record, but that the format still needs refined. She said that there is so much happening with the PHA, the Report is useful for Executive Directors to keep each other informed. Ms Mann-Kler suggested there should be a cover sheet with three or four key headlines.
- 93/20.4 Ms Mann-Kler asked if PHA is responding to the consultation on the changes to the HSC Framework Document, and whether there should be a joint response from Executive and Non-Executive Directors. Mr Cummings pointed out that PHA Executives would not be expected to respond, but he encouraged Non-Executives Directors to do so as it has an impact on them. He advised that HSCB Non-Executives have taken legal advice on the matter. The Chair noted that it is disappointing that Mr Dougal has not yet received a response to the correspondence he sent to the Permanent Secretary on this matter and there are potentially implications in the amended Framework in terms of how PHA discharges its statutory responsibilities. He said that he had thought there may be a joint response from all HSC Chairs, but he felt that PHA should prepare its own response and that a meetings of Non-Executives may need to be convened to discuss this. He agreed to speak to Mr Dougal concerning this. **[ACTION – Mr Stewart]**. Alderman Porter asked how legal advice could be obtained. Mr Cummings advised that this would be through BSO through the PHA Chair.
- 93/20.5 Ms Mann-Kler asked for an update on the Chief Medical Officer’s review of PHA and the terms of reference for this. She noted that she and Professor Rooney sit on a working group looking at the development of the new PHA Corporate Strategy and that its work would need to align with this review as well as any actions emanating from the recent review of the epidemiology function. The Interim Chief Executive reported that she and Mr Dougal had met with the Chief Medical Officer and that the outset, he expressed his gratitude to the hard work and commitment of

PHA at this time. She said that he felt that as the PHA is 10 years old it is opportune to carry out a review as he acknowledged that PHA is under resourced to deal with the demands of COVID-19, but that it has risen to the challenge. She added that there will be challenges to get through this coming winter so it would be useful to review where PHA needs to strengthen and what resilience is needed. She explained that the Chief Medical Officer has asked her and Mr Dougal to develop terms of reference, and that she and Professor van Woerden had shared a draft with Mr Dougal. She said that a meeting is planned with the Permanent Secretary on 25 October. She expressed concern about carrying out such a review in the midst of a pandemic as staff have been working hard and COVID-19 work may have to continue until at least next summer. She agreed to share the terms of reference with the Board **[Action – Interim Chief Executive]**. Professor Rooney queried whether the review was taking into account any new roles that the PHA may be taking on following the closure of HSCB. The Interim Chief Executive said this review is aimed to look at how PHA discharges its responsibilities as a public health organisation and that it needs to have a strategy and a roadmap to build on. Professor Rooney said that there still needs to be plan in terms of the closure of HSCB. The Interim Chief Executive explained that there is a Programme Board run by the Department of Health looking at this. Alderman Porter agreed that there are a lot of staff working in good faith and that resilience is important.

93/20.6 Ms Mann-Kler asked about the rapid learning review in care homes. Mr Morton reported that he and Ms Roulston had been involved in this work and agreed to share the report **[Action – Mr Morton]**. He outlined that there were 24 recommendations which will be built into the surge planning care home programme. He added that an updated action plan has been developed which has implications in terms of strengthening the system's response to the care homes sector. He said that the focus of the review was on learning, rather than blame. Ms Roulston added that a similar review has been carried out in domiciliary care and she agreed to share that report **[Action – Ms Roulston]**. Ms Mann-Kler agreed that it would be useful to see such types of learning review reports.

93/20.7 Ms Mann-Kler noted that there was recently an issue with regard to a meat processing plant and asked if this had been resolved. The Interim Chief Executive said that the plant has now re-opened after an intense period of work and there will now be a specific programme of testing in such plants similar to that being carried out in care homes.

93/20.8 Mr Clayton asked about the rationale behind the decision to discontinue the prescription of Priadel and what PHA's role is in this. He expressed concern about the number of patients who used this medication. Mr Morton agreed to share the Early Alert notice that was issued by the Department regarding this and it outlines the rationale behind the decision **[Action – Mr Morton]**. He added that, from a mental health point of view, Mrs Brieger Quinn from PHA is leading the work to ensure

patients are safely switched over to a suitable alternative.

93/20.9 Alderman Porter asked about the return of transport facilities for service users with learning needs and their carers and if public health concerns have been taken on board when restarting this. Ms Roulston said that she was not fully aware of the detail on this, but each Trust should be considering this as part of its rebuild plan. Alderman Porter suggested that although the restart programme has commenced, some services are not operating buses as before and he asked what PHA's role in this would be as it is important that these service users are not forgotten about. Mr Cummings said that HSCB would have a commissioning role. Mr Morton added that there would be a mental health and learning disability lead in his team who would be able to provide advice as required.

93/20.10 Dr Keaney noted that the rapid learning review of care homes was carried out using a QI approach and some of the recommendations will feed into a learning system and she is waiting to hear how this will be taken forward.

93/20.11 The Chair thanked the Interim Chief Executive for the Report and noted that it will continue to be tailored. Professor Rooney reiterated that she would wish to see the Report prepared along the lines of PHA's corporate aims.

94/20 Item 7 – Finance Report (PHA/01/09/20)

94/20.1 Prior to presenting the Finance Report, Mr Cummings addressed a query from Professor Rooney regarding expenditure incurred by PHA relating to COVID-19, and whether there should be a separate COVID-19 expenditure line in the budget. Mr Cummings advised that the cost to PHA has been quite small barring some additional staffing costs. Professor Rooney asked about the cost of the contact tracing programme. The Interim Chief Executive explained that PHA is paying rent on premises and there are also costs for IT equipment, but many of the staff are bank staff so costs are being recharged by their Trusts and the core staff are on one year contracts. Mr Cummings said that all of this expenditure is within PHA's current resource allocation. The Chair noted this, but asked what would happen if PHA continued to incur costs where the necessary approvals were not in place. Mr Cummings said that if PHA spent monies in advance of approval, this would be picked up and concerns raised, but he preferred that eventuality rather than a delay having an impact on the establishment of a vital service which will save lives. He said that this issue lies with the Department and its processes and the timeliness of decision making. He added that the Department has instructed PHA to bring in more staff. He reiterated that while PHA is spending within its allocation there will be no issue. He also noted that there is £600m of unallocated COVID-19 funding. In terms of PHA's expenditure to date, he explained that PHA is in an underspend situation because its activity is down and this

- funding cannot be reallocated to non-recurrent initiatives because PHA does not have the permission to do this. He projected that PHA's underspend is currently in the region of £1m-£2m, and that once PHA receives COVID-19 funding it will then return this underspend to fund wider HSC pressures.
- 94/20.2 The Chair noted that the COVID-19 bids that PHA has submitted equate to the total of the projected underspend. Mr Cummings agreed, but added that he would be surprised if PHA can find all of the staff it needs to do this work as all HSC organisations will be recruiting in the same pool.
- 94/20.3 Alderman Porter asked if PHA has received any correspondence relating to the delay in approving its business case for the contact tracing programme, given that the business case was written for a scenario where PHA was dealing with 50 positive COVID-19 cases per day, but the figure may rise to 500. The Interim Chief Executive advised that there are e-mails and that a bid has been put in for more resource. Alderman Porter asked if PHA is content that it has permission to proceed. Mr Cummings said that the permission is not in place, but the process is in place and that a total of 148 business cases have been submitted to the Department for COVID-19 funding. Alderman Porter said that he understood the process, but he was seeking assurance that PHA has permission to do this work. Mr McClean advised that a number of his staff have been involved in the development of the business case and that PHA is diligently adhering to process, but it is a fast changing situation and any delay to the approval process is due to any issue regarding the business case. Mr Clayton asked if the 148 business cases all relate to PHA, but Mr Cummings advised that the total was for the HSC as a whole, and that only a small number of these related to PHA.
- 94/20.4 Professor Rooney noted that Trusts are continuing to receive their full programme funding, but yet expenditure on community and voluntary sector programmes is reduced. Mr Cummings explained that community and voluntary sector organisations are unable to deliver on their activity so PHA cannot allocate funding, and cited smoking cessation as an example. He assured members that PHA is not making anyone redundant or unemployed. Mr McClean added that within Trusts, activity has probably been reduced, but the staff are now working on COVID-19 related work. He said that COVID-19 has impacted on PHA's ability to get new programmes up and running.
- 94/20.5 The Chair thanked Mr Cummings for his Report and for his advice and guidance over the years.
- 94/20.6 The Board noted the Finance Report.

95/20 Item 8 – Update on COVID-19

- 95/20.1 The Interim Chief Executive advised that the PHA contact tracing centre was initially established to deal with approximately 50 cases per day, but the current average is around 90 and today there were 320 cases awaiting follow up. She said that a similar picture is beginning to form across the UK and the Republic of Ireland with increasing numbers of cases among younger people. She reported that at the joint HSCB/PHA senior management team meeting earlier that day there had been a presentation from Professor Ian Young outlining the current thinking.
- 95/20.2 The Interim Chief Executive said that the main contact tracing centre is located in Ballymena but that any positive cases in nursing homes are reported through to the Duty Room. She advised that a schools team has been set up at short notice to deal with the demand of calls coming in from headmasters, teachers and parents of pupils and that this team has had to deal with almost 100 queries per day. She noted that headmasters had asked why PHA had not set up this service earlier but she pointed out that it was not the responsibility of PHA to deal with these queries. She added that the team will continue its work throughout the coming weeks as universities will be starting back soon. She noted that PHA is not resourced to deal with this volume of queries, and added that over the coming weeks PHA will train Education Authority Liaison Officers to deal with these types of query.
- 95/20.3 The Interim Chief Executive advised that approximately 70 staff have been recruited to the contact tracing centre to date and at the outset the approach had been to appoint professionally trained contact tracers, but that approach may need to change. She suggested that dentists could be employed but that it would be important to have medical staff to help with risk assessments. She outlined the plan that as the centre continues to grow contact tracing of index cases could be carried out in the centre, but their contacts could be carried out by other staff working remotely. She said that technology is being looked at whereby a text message could be sent to contacts. She added that an app is being developed whereby people can input details of their contacts.
- 95/20.4 Professor Rooney raised a concern about reports on the lack of local availability testing. The Interim Chief Executive explained that Pillar 1 testing is carried out in Trust laboratories for hospital staff and patients and Pillar 2 testing is the National Initiative which can carry out up to 2,000 tests per day. She advised that the tests carried out by the National Initiative are allocated on a pro rata basis across the UK. She said that the responsibility for testing lies with the Department. Professor van Woerden said that one of the challenges for PHA is having to work with other Departments directly instead of working through the Department for Health.
- 95/20.5 Alderman Porter said that he had spoken to Professor van Woerden last week regarding schools. He suggested that there should have been

some PR work around this with getting simple messages out for parents and pupils as there are a lot of concerns. He went on to raise a concern about testing as many people are being required to self-isolate for 14 days and get tested but yet 98% of tests are negative. He said that it is important to get messages out through politicians, MLAs and Local Councillors. Professor van Woerden agreed that there are lessons to be learnt. He said that PHA received almost 1,000 calls on Monday and its systems are not set up for that volume so PHA is trying to change its out of hours message. He pointed out that the difficulty with the guidance is that it is not PHA guidance and PHA is limited in terms of what direct guidance it can provide. He explained that PHA had assisted the Department for Education prepare its guidance, but that the guidance issued was very lengthy. He acknowledged that there are issues in terms of sustainability for people having to self-isolate for 14 days and that this needs to be reviewed given the risk of catching COVID-19 falls each day. He said that in England, only 20% of contacts are self-isolating for the full 14 days.

95/20.6 Professor van Woerden said that mobile testing is important and agreed that there should be improved PR. He noted that social media is particularly important for reaching young people as they do not watch as much TV or listen to the radio.

95/20.7 The Chair said that there is confusion in terms of what is Department of Health guidance and what is PHA guidance. He also expressed concern about the ability to “scale up”, given the potential lack of laboratory capability.

95/20.8 Mr Clayton noted that PHA contact tracing centre has a target of aiming to contact 80% of people within 48 hours and he asked if this target was being met. He asked whether there is a risk that contact tracing would be suspended as it was during the first wave due to the high volume of cases. The Interim Chief Executive said that PHA is meeting its target, but it is challenging as the centre aims to make five attempts to contact an individual. She said that individual who have received a positive test result should know to expect a call and the telephone number that will appear on their mobile has been well promoted. She noted that there are issues with the current IT system as it cannot produce data on how many attempts have been made to contact people. She said that PHA is trying to build the system as the programme is evolving, but she assured members that targets are being met even though the team was overwhelmed last weekend.

95/20.9 Ms Mann-Kler felt that when it comes to the messaging around contact tracing there are two groups of people, those who will comply, and those who feel that the measures being put in place are an infringement on their freedom. She said that PHA needs to understand its audience. She noted that at the moment there is not the same high number of hospital admissions as there was at the peak which is in some way due to change in people’s behaviour. However, she noted that in countries

such as France, Spain and Belgium where there has been an increase again in the number of positive cases, but not the same level of hospital admissions, and she asked if this meant that there will be a reduction here, or if there is some form of herd immunity. The Interim Chief Executive advised that only 5% of the population will have developed immunity and that presently, the highest proportion of cases is amongst younger people and they are not getting ill, but the numbers are increasing. Ms Mann-Kler asked if there will be an impact on hospital admissions, and the Interim Chief Executive responded that there will likely be an impact soon. Professor van Woerden said that he did not feel the deaths in the second wave would be as high as the first wave. He expressed concern about the attitude of those who do not heed the advice to self-isolate, and also those who are getting tested when they do not require testing. He also highlighted the issue of house parties and gatherings and conceded that this is a hard group to influence. He felt that Northern Ireland is in a relatively good place and that the local lockdowns should help.

95/20.10 Alderman Ashe highlighted an issue with a testing centre in Carrickfergus that was relocated, but the website allowed bookings to be made there. He acknowledged that while this was not a PHA issue, he said that during a pandemic, the public needs to see that there is a joined up system that is working across all departments and this is also important for the PHA Board to see. Mr Clayton agreed, saying that the perception of the public is that this is being dealt with by the public sector. He suggested that how PHA links with other agencies may be looked at as part of the review with the Chief Medical Officer.

95/20.11 Mr Clayton asked about care homes, and in particular those care homes which fall under the Pillar 2 testing programme. He sought assurance that the programme will continue over the winter. Professor van Woerden said that there has been a small increase in the number of positive cases and that the second cycle of testing has commenced. He noted that it is possible for individuals to display symptoms for up to 12 weeks so in some countries only staff are being tested instead of residents. Mr Morton said that in care homes it was found that many residents are asymptomatic and he assured members that PHA is doing everything it can to protect vulnerable citizens. He said work is continuing between nursing and social care colleagues to strengthen the preventative approach with enhanced cleaning. He reiterated that any learning from the rapid learning review is being taken on board.

95/20.12 Ms Roulston advised that Ms Heather Reid from PHA will meet with a stakeholder group looking at testing. In terms of social care, she reported that a proposal is being sent to the Minister regarding terms and conditions for social work staff. Mr Morton said that guidance is being developed in terms of the lowest possible footfall within nursing homes set in the context of the increase in the number of diagnosed cases in the community. He added that the Department is working on an adjunct to resident guidance, including options for an environment

where relations can visit their loved ones as the current position is not sustainable. Professor van Woerden said that PHA recognises that there may be issues in terms of access to testing for universities, further education colleges and also prison and airport staff.

- 95/20.13 Professor Rooney asked if there was anybody in the PHA with expertise in behaviour change and in particular someone to advise on influencing behaviour change in young people. Mr McClean explained that as part of one of the business cases that had been submitted to the Department, PHA is seeking to increase the expertise of the communications team by employing an individual with a behavioural change background to help with messaging. He said that Mr Stephen Wilson is linking with Mr Dan West in terms of broadening out the scale of social media messages as this is the best method of engaging with younger people. He added that this type of approach should be considered as part of other elements of PHA's work including mental health and drugs and alcohol.
- 95/20.14 Professor Rooney asked how HSC staff avail of testing. The Interim Chief Executive explained that this is done through the Occupational Health departments in their Trusts.
- 95/20.15 Alderman Ashe said that he had spent time with a constituent who has been separated from her partner as he is in a care home, and over time this separation has had an impact on her physical and mental health. He queried how PHA is dealing with this area. The Chair noted that there has been discussion about the emotional impact of the pandemic. Professor van Woerden acknowledged that there is a difficult balance to be struck across a range of factors and there will be individuals who will be disadvantaged in a disproportionate way. Ms Mann-Kler asked how the voices of these individuals are being heard as she learnt that on average people spend up to 18 months in a care home. The Interim Chief Executive said that at a recent Rebuilding Management Board meeting there was discussion about hospital visiting and how people need to be able to see their loved ones. She said that there is funding available so it should be used creatively to facilitate this. Professor Rooney asked if there is any service user representation on that Board and the Interim Chief Executive advised that there is not. Mr Morton said that there is a number of programmes looking at ensuring that people are getting the right care at the right time. He added that there needs to be a recognition of mental health issues for those people who have been shielding or who have been furloughed and to have a proactive strategy for helping them. The Interim Chief Executive said that as part of a discussion on intermediate care it was said that "home first" should be promoted as people recover better at home. She said that Northern Ireland is not good at "step up", but there has now been an endorsement of NICE guidance on intermediate care. Professor Rooney asked what PHA's role is in this regard, and the Interim Chief Executive replied that PHA would provide professional advice.

- 95/20.16 Alderman Porter asked if there was a list of those individuals who were asked to self-isolate and how many of them became positive within the 14 days. The Interim Chief Executive explained that when the initial phone call is made a risk assessment is carried out and then an individual is asked to self-isolate. Professor van Woerden said that only 5% of contacts would be expected to become positive. Alderman Porter expressed concern that this meant that 95% of people have had to self-isolate for 14 days and never caught COVID-19.
- 95/20.17 Alderman Ashe said that there may be many people who are living behind closed doors on their own and that there is no awareness of them. Ms Roulston advised that within the Northern Trust she was aware of an initiative whereby if a resident of a care home became positive then a Family Liaison Officer would link with the family and this proved to be valuable for families. The Chair agreed that there could be many people self-isolating and feeling alone. Professor van Woerden noted that during the first wave there were voluntary organisations delivering food parcels who would have communicated with those who were self-isolating.
- 95/20.18 Ms Mann-Kler asked why Sweden has proved to be such an outlier in terms of its approach to lockdown. Professor van Woerden said that there was no logical explanation for this and it may be due to specific cultural factors.
- 95/20.19 The Chair thanked PHA staff for their ongoing work and support during this pandemic.
- 96/20 Item 9 – Any Other Business**
- 96/20.1 The Chair expressed his thanks to Mr McClean and Mr Cummings for filling the roles they have worked in for PHA over such an extended period of time. He said while there has not always been agreement, he valued their efforts and commitment to the people of Northern Ireland for the work they did to enable others to carry out their roles. On behalf of all of the Non-Executive Directors, he wished them both a long and happy retirement.
- 96/20.2 Mr McClean thanks the members for their support and for their advice and guidance. He reflected that during the 11 and a half years he worked in the PHA, and the 18 months preceding that when the Agency was being established, it is important to bring people with you, to empower staff and to bring the right people in. He hoped that this would continue to be how PHA operates, particularly at Director level, and he cited the example of the joint working at the time when there were issues to be resolved with regard to the Lifeline contract. He said that in the current climate the area of values has become particularly challenging, especially for Boards, and he asked that the Board ensure that it protects those values in everything that PHA does. He acknowledged the contributions of his staff supporting him, and in

particular Mr Stephen Wilson and Miss Rosemary Taylor. He passed on his best wishes to the Board for the future.

96/20.3 Mr Cummings thanked the Non-Executives, and noted that the role of Non-Executives is to provide support and challenge and he found that came across in equal measure over the years. He suggested that perhaps his passion may have been over-enthusiastic at times, but there was respect. He agreed with Mr McClean's comments about values and felt that the NHS has lost sight of those values and that collective leadership needs to be got back. He wished members and finished by saying that when there is a difficult situation, to always do the right thing.

97/20 Item 10 – Details of Next Meeting

Thursday 15 October at 1:30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 7ES

Signed by Chair:



Date: 15 October 2020