

|  |
| --- |
| **Notes of Meeting****Date & Time: 20 December 2023 at 2.00 pm****Venue:** Microsoft Teams |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Agency** | **Attended** | **Deputy Present** | **No Deputy** |
| Sue Proctor (SP) | Independent Chair | X |  |  |
| Helen Day (HD) | TEWV NHSFT | X |  |  |
| Scott Bissett (SB) | North Yorkshire Police  |  | X |  |  |
| Emma Dixon (ED) | NYCC Legal Services |  |  | X |
| Olwen Fisher (OF) | NHS Humber and North Yorkshire Integrated Care Board (ICB) | X |  |  |
| Emma Nunez (EN) | Harrogate District NHSFT | X |  |  |
| Kim Robertshaw (KR) | Housing Services Manager, NYC | X |  |  |
| Carole Roberts | Community First Yorkshire | X |  |  |
| Hannah Ellingworth (HE) | NY Safeguarding Children’s Partnership | X |  |  |
| Christine Pearson (CP) | NHS Humber and North Yorkshire Integrated Care Board (ICB) |  | X |  |
| Michelle Carrington (MC) | Place Nurse Director for York and North Yorkshire, NHS Humber |  | X |  |
| John Pattinson (JP) | Independent Care Group | X |  |  |
| Louise Wallace (LW) | NYCC Health and Adult Services | X |  |  |
| Richard Webb (RW) | NYCC Health and Adult Services | X |  |  |
| Thomas Hirst (TH) | North Yorkshire Fire and Rescue Service | X |  |  |
| Joseph Howard (JH) | National Probation Service | X |  |  |
| Ashley Green (AG) | North Yorkshire Healthwatch | X |  |  |
| Phil Hubbard (PH) | Safeguarding Exec Lead, BDCFT |  | X |  |
| Sally Lichfield | Head of Engagement & Governance, NYSAB | X |  |  |
| **Also in Attendance** |  |  |  |
|  |  |  |  |
| **Name**Mike WardGraeme Wright (GW)Katrina Uttley (KU)Amanda Robinson (AR)Nicola WebbRachel Craig (RC)Janice Foxton (JF) | **Agency**SAR AuthorNorth Yorkshire PoliceBDCFT (ICB)BDCFT (Care Trust)Safeguarding Policy Development Officer, NYCNYSAB TeamNYSAB Team |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **ITEM NO.** | **SUBJECT AND DISCUSSION** |
| **Item 1** | **Welcome / Introductions / Apologies for Absence** |
|  | Chair welcomed members of the Safeguarding Adults Board to the meeting. Apologies for absence:Michelle Carrington, Phil Hubbard, Scott Bissett, Emma Dixon, Jo Boutflower, Louise JohnsonNo declarations of interestChair noted that papers would be taken as read.GW reported that he would give the police presentation on behalf of Fi Wynne who was unable to join the meeting. |
| **Item 2** | **Minutes of the meeting held on 27 September 2023** |
|  | Minutes were noted and approved by the Board.No further matters arising other than those captured on the action log and risk register. |
| **Item 3** | **Action Log** |
|  | The action log was noted.With regard to outstanding actions:* The Chair updated that with regard to action 2022/08 she would meet with Richard Flinton on 25 March 2024 and would raise MSP agenda then.
* 2023/02 was on the agenda today and be complete thereafter.
* 2023/05 with regard to strengthening links between NYSAB and PFCC websites/social media accounts. SL would explore actioning this in LWa absence.
* 2023/06 – Anne SAR – LW felt that those actions in the plan had been actioned. LW would speak to Mike Rudd with regard to this. LW/JF to liaise with regard to update for action log.

**Actions**: * **SL to ensure that 2023/05 was actioned in LWa absence.**
* **LW/JF to add update to 2023/06.**
 |
| **Item 4** | **“Elaine” – JH SAR Report** |
|  | The Chair welcomed Mike Ward to the meeting.The Chair reported that the usual process had been employed with regard to “Elaine” (JH) SAR Report. MW highlighted key points and areas of learning.Key points:* Mike had been in contact with “Elaine’s” sister, who was happy with the report.
* Elaine was white British woman aged 80, who was found dead at home due to natural causes.
* Elaine lived in a second floor, privately rented flat for 20 years. There were issues with regard to access as her health declined and she was under threat of eviction.
* Elaine’s sister and niece were involved in her care some of the time as Elaine often declined their help and pushed them away.
* In 2015 Elaine’s platonic relationship with a man ended after 20 years. He commenced a relationship with another woman.
* The end of the relationship appeared to be a pivotal point in Elaine’s decline.
* Elaine had long history of intermittent alcohol misuse. She would oscillate in and out of periods of higher drinking, but certainly even in her earlier life, her sister described her as having problems with alcohol, particularly in social settings, but certainly from 2015 onwards, with the loss of this relationship, her drinking does seem to have escalated
* Increased drinking coincided with Elaine’s physical decline and a pattern of increased self-neglect, which in turn led to the circumstances that initiated the referral for a SAR.

Key areas of learning:* The response to alcohol use disorders.
* Responding to difficulty of engagement.
* The need for multi-agency management.
* Assertive outreach.
* The submission of safeguarding concerns (particularly by the Acute Trust).
* Specific learning for Adult Social Care around self-neglect.
* Capacity assessment and executive capacity.

MW recommended the development of local procedures that support professionals to respond to clients that agencies find difficult to engage, and that should include the need to escalate them to multi agency management structures.The Chair invited questions/comments:* RW complimented MW on the beautifully written report. RW had not had chance to comment on the report due to other commitments but would add his questions/comments to the document and forward on to MW. RW noted that there were no fundamental changes that would impact recommendations or delay publication of the report.
* RW referred to a line in the report “engagement is a fuel on which any care process runs” and noted that there were some significant issues for everyone, around that fluidity and understanding around capacity, the issue around assertive outreach and the skills that are required to undertake that. It is important that we try to improve practice in this area. Triggering curiosity, rather than “processing” people is important and bringing the right people together to discuss what to do with regard to a case.
* If we can employ the key areas of learning on a shared basis this report could have a powerful impact.
* HD felt that this may be the best SAR report she had read it was extremely powerful. HD concurred with RW’s point about unconscious bias. TEWV were working hard within the local community and asked to share the report with key mental health colleagues following publication.
* EN noted what a powerful report this was and felt it important that colleagues should “sense” check whether something had been done.
* RC noted that we hoped to hold a SAB wide learning event later this year with regard to this SAR.

The Chair noted that:* We would aim to publish the report in late January.
* A press release had been drafted in SP’s name as the majority of recommendation were directed at SAB, rather than other organisations.
* LAR group would review the recommendations and develop an action/delivery plan.
* SL would link with RC/LW with regard to the emerging issues/developing the delivery plan/ proposals for strategic plan for next year and ensure that explicit reference to those recommendations, particularly some of the issues that we've already talked about in terms of self-neglect were made.
* We would produce a 7-minute briefing for professionals.
* With regard to Safeguarding Week, we should consider how we might want to reflect some of the content and actions from this SAR in some of the discussion groups and sessions.

The Chair thanked MW for the excellent, clear report and for attending the meeting. MW left the meeting.**Actions**: * **RW to forward proposed amends to RC/MW asap.**
* **SL to link with RC/LW with regard to the emerging issues/developing the delivery plan proposals for strategic plan for next year and ensure that explicit reference to those recommendations, particularly some of the issues that we've already talked about in terms of self-neglect were made**.
* **Consider how we might want to reflect some of the content and actions from this SAR in some of the discussion groups and sessions for Safeguarding Week 2024. SL/LW/LWa.**
 |
| **Item 5** | **Delivery Plan 2023/24** |
|  | Members of SAB had read the Delivery Plan.SL noted:* There were a number of actions under comms and engagement that were still ongoing/awaiting updates. There had been absence within the team which has resulted in number of the actions being held.
* The actions/work would be reallocated subject to resource availability.

The Chair thanked SL for the update.The Chair felt that the gap in capacity around comms and engagement was beginning to show and was creating a risk and noted that this function was a key pillar of the Board with regard to engagement with professionals and the public.With regard to engagement work with homeless groups in North Yorkshire an initial engagement plan has been drafted and shared with interested parties. However, due to pressures it had been agreed that the actual homelessness engagement work should be paused until housing colleagues were in position to help shape this work. The Chair requested that colleagues take steps to ensure that this proposed work was undertaken when possible. SL/KR would engage outside the meeting with regard to this matter.The Chair thanked colleagues for work undertaken on the Delivery Plan.**Action**: * **SL/KR/LWa to ensure that engagement work with homeless groups was undertaken in due course.**

  |
| **Item 6** | **Risk Register** |
|  | Members of SAB had noted the Risk Register.SL and SP had met to undertake a review of the risk register. SL noted:* With regard to “making safeguarding personal risk”, we felt that that was widely embedded and there was some good mitigation and likelihood could be reduced to medium but did not change the overall RAG rating which remained amber.
* Quality workforce remained the biggest risk regardless of the mitigation.
* Priorities and participation risk had been reworded to highlight the local safeguarding partnerships attendance as one of the many areas where we would like to make some improvements. No change to the rating.
* With regard to Learning and Review there was no change to rating but important to note the increased number of SARs and how we deal with those.
* We have assurance with regard to data reporting regarding KPI’s and therefore this risk had been reduced to green.
* All other risks remained the same.

The Chair thanked SL for the update and member of the team for the ongoing work on the register.There were no questions or comments with regard to the Risk Register. |
| **Item 7** | **North Yorkshire Police (NYP): Safeguarding investment with a focus on safeguarding adults** |
|  | Members of SAB had noted the presentation that had been circulated prior to the meeting.Detective Superintendent Graeme Wright (GW) would give the presentation as Fi Wynne was unable to attend.This would offer a “snapshot” of adult safeguarding demand into North Yorkshire Police, particularly to the vulnerability assessment team and background information around our multi agency screening processes and where we are now:* Demand was quite wide ranging in terms of adult safeguarding and there was some Care Act work that comes into our teams, whether that is around risk of abuse, particularly domestic abuse, which on the increase or adult neglect of which we are seeing increased cases.
* Number of referrals linked to substance abuse had risen and right care right person had helped in terms of the police response to mental health issues in particular.
* Figures shown were for North Yorkshire and York.
* North Yorkshire Police held c. 30-40 adult safeguarding meetings per month. Adult referrals remained high. There were 1300 referrals in Q2, of which approximately half were referred to local authorities.
* Nature and quality of the referrals submitted to the Vulnerability Assessment Team and how the threshold for referral to Local Authority was calibrated were considered.
* NYP received requests for safeguarding checks from local authorities – c. 80 per quarter and most checks are under Section 42 Care Act.
* SARs is big area of demand. NYP were currently involved with seven.
* Commitment to joint working but need to consider how we could better work together with regard attendance at and input/approach to meetings in the region.
* Consider move towards a “safeguarding hub”.
* Police have full/direct access into children's social care records, but do not have the same access to adult safeguarding records. Access was important to ensure a fully operational hub.
* Multi agency screening is taking place but there is a degree of inconsistency across North Yorkshire and York.
* Work would be undertaken to make process/protocols more robust. Important to develop joint procedures/information sharing by all agencies
* Detective Sergeant would join the team on 1 March 2024.
* Training/development would be coordinated across all agencies, e.g. mental health act, DoLs and financial exploitation.

The Chair thanked GW for the update and presentation and invited questions/comments from members of SAB:* EN offered to meet with whomever appropriate from NYP to explore the variance around health input/how this could be streamlined and consider possibility of a joint meeting.
* The Chair noted that there had been conversations prior to the pandemic with regard to a multi-agency safeguarding hub and suggested that GW and SL meet outside the meeting to discuss where we had got to and how best to move forward. SP suggested that SL obtain KS views with regard to this.
* Agreed that SL/GW would meet initially to discuss appetite/approach/potential blocks. Proposal with regard to multi-agency safeguarding hub to be presented to Executive meeting in due course.
* Multi-agency meeting to be convened to explore streamlining input, attendance at joint meeting.

**Actions**: * **EN/GW to liaise to ascertain whom best to speak to with regard to streamlining health input/convening joint meeting.**
* **GW/SL to meet to discuss facilitating multi-agency safeguarding hub for North Yorkshire/York. Proposal to be compiled for Executive meeting.**
* **Facilitate multi-agency meeting to aid streamlining input/attendance at meeting/s. SL/EN/GW.**
 |
| **Item 8** | **Legislation and North Yorkshire Fire Service(NYFS) policy/plans with regard to DBS checks** |
|  | Member of SAB had read the paper.TH noted:* North Yorkshire Fire Service had, since 2018, ensured that all our operational members of staff were checked to an enhanced level, including adult bar, due to the fact that it is possible that they would undertake more than three home fire safety visits we attempt to risk assess the visits on the way in.
* With regard to governance, NYFS held safe guarding compliance meetings, chaired by TH as Director of Communities and this fed into the SLT on a quarterly basis.
* Underneath that was the National Fire Chiefs Council fire standards for safeguarding, which was similar to the section 11 returns that were completed on an annual basis.
* It was hoped that all checks would have been undertaken by March 2024.

The Chair thanked TH for the update/assurance and asked that thanks be passed to VC for the paper. |
| **Item 9** | **Care Homes Update** |
|  | Members of SAB had noted the contents of the presentation/paper.With regard to care home closures, RC noted:* That the presentation offered a general care market update and included the unplanned closure action plan.
* Actions from the current plan, were still ongoing with the health trusts and ICB, and work was underway on the production of joint guidance. Christine Pearson was leading this work.
* Review of the safeguarding, training and operational guidance was ongoing.
* All new closures of care homes were reviewed, and this was undertaken in a reflective way, with staff involved in the process.
* Any new recommendations would be added to the plan and task and finish groups formed.
* The Hylands Care Home in Filey closed suddenly following the death of the co-owner. There were 46 residents and a specialist section for dementia care. All residents were moved to suitable accommodation within the allocated timeframe.
* The second closure was The Sheiling, a specialist residential home for 9 residents with learning disabilities and mental health requirements. There were financial difficulties which lead to the home no longer being viable. Many of the residents had lived there for a long time. Positive outcomes were achieved for all residents, who were all successfully transitioned to suitable homes.
* Comforting Hands care provider had their licence revoked by Home Office due to concerns with regard to employees from overseas work schemes. Consideration was being given to what training we could offer on the sponsorship scheme and the role of the Home Office and the risks of exploitation of overseas care home staff.
* Particular focus on learning from these closures.

JW updated with regard to market developments: * Seen a significant improvement in the number of unsourced packages of care.
* Trying to move away from reliance on care homes, supporting people to go home first, and have commissioned a new bridging service. If a patient is ready to leave hospital, but a domiciliary care provider cannot start for a couple of days, or there is a wait for reablement support, the bridging service can step in within a couple of hours.
* Trial underway with a new living care service to support people who are leaving hospital.
* Multi agency work underway with regard to dementia care in care homes. Feedback had been received from providers that sometimes they cannot take an individual even though they are a dementia care home (due to complex needs). NYC were working with providers to address these issues and hopefully enable them to take people with more complex needs.
* Refocused Shared Lives Service working with providers to facilitate smooth transition.
* Concerns with regard to sponsored workforce. Some providers coming in, very low cost, wholly reliant on sponsored workforce, which means some of our more experienced established providers are losing business and that's impacting their sustainability. Concerns in relation to unethical employment practice and employee welfare.

The Chair thanked RC/JW for the updates and invited questions/comments:* OF reported that whilst SAB received these updates every six months, PQI received information with regard to care market on a quarterly basis and if anything of concern was noted, this would be escalated to the Executive meeting.
* AG asked what the options were with regard to choice for the residents. Was there a choice of homes they could be moved to and how did NYC involve families in the process? Also were the residents relationships/friendships with other residents considered? RC explained that residents were offered choice with regard to options available. Social workers/care assessors were assigned for every resident and some of the learning was that we would attempt to keep the group of assessors small to ensure that we have good understanding of who needs to move, what the vacancies are, and that the right people get to the right places.
* AG reported Healthwatch did undertake pre-arranged visits to care homes to consider the overall well-being of residents. This information was then passed to Janine Tranmer(JT). Safeguarding issues were rare but should they occur they were immediately passed to JT.
* JP felt it important that the matter of sponsored workforce remained on the agenda for SAB as this went deeper than unethical working practices and involved “human cost”, compounded by the recent changes in the visa scheme for overseas workers and for those employees who are affected by a certificate of sponsorship being cancelled they may be indebted to their employer for the costs of coming to the UK. For employees from Uganda and Rwanda, it may be that they return to their home country and go to jail as it is illegal to have a debt. Important that SAB keep a close watch on this.
* GW reported that NYP had a number of investigations ongoing with regard to the care sector/organised immigration crime/slavery offences. These cases were difficult to investigate due to spread of people across the country. GW asked that potential cases be reported to the police as soon as possible.
* OF reported that with regard to “service-user” choice additional learning had been identified that would be added to care home closure guidance when next updated. OF noted that the team do identify service-users that are friends and facilitate them moving together where possible.
* OF noted that when care homes close in North Yorkshire, options are considered for overseas workers to move to another organisation and if that option is available the sponsorship is transferred. We are concerned about the welfare of those members of staff here on sponsorship licenses, but also want to retain their experience within the care market in North Yorkshire.
* RW reported the situation with regard to overseas workers potentially being exploited was causing concern nationwide and the Minister for care, Helen Wheatley, and the local government minister had recently met with a number of councils. DHSC had agreed with government to arrange for rules around the employment of overseas workers to be tightened along with rules for visas. Councils would like to become involved in the vetting/licensing of organisations earlier in the process and it is important that consideration be given to how workers from overseas that come to work in the care sector or NHS are housed. Consider links with housing and community support to assist workers. RW and JP had attended a discussion/meeting with regard to these issues.

The Chair thanked members of SAB for the informative discussion and JW and JT for the paper/update.It was agreed that care market update would be received by SAB every six months. PQI receive market information quarterly and care market would be added to the agenda for SAB quarterly as a discussion item with regard to issues facing the care sector. JF would add this to the work schedule. |
| **Item 10**  | **Emerging issues (follow up from discussions at development session on 17 November 2023)** |
|  | Members of SAB had read the paper.The Chair thanked SL for producing the paper from development day output.Members of SAB were asked:* Whether the paper offered a true representation of the outcomes of the development session?
* Should any of the themes/priority areas be incorporated in the Delivery Plan for the remainder of this year?
* What should be added to future plans?
* With regard to new/emerging themes, how would SAB like to tackle those in terms of reducing risk, increased understanding, improving services?

The Chair noted:* That there were c. 6 items on the list that were not in the Delivery Plan and that it may be pertinent to consider which items could be removed from the current Delivery Plan.
* That the Board should consider what should be the focus of SAB’s efforts.
* That there were a number of recommendations from Elaine SAR that would be considered under priority 4.
* That there should be something incorporated with regard to reconnecting with communities in North Yorkshire under priority one, the MASH/safeguarding hub.
* NW noted that she was happy to assist with a review of the Delivery Plan with SL

There were no questions or comments with regard to the paper the Chair asked members of SAB if they were happy for SP/SL to continue to work on this and define and refine what the key differences would be for the 2024-25 delivery plan and to bring the outcome to the Executive meeting in February 2024. Members of SAB agreed with this approach.The Chair asked members of SAB to email nysab if they thought of anything in particular that they would like included in the Delivery Plan that came out of the development session.**Actions**: * **SP/SL to meet to identify/refine items within the “emerging issues” paper for inclusion in 2024-25 delivery plan for presentation to Executive meeting to be held on Thursday, 29 February 2024.**
 |

|  |  |
| --- | --- |
| **Item 11** | **CQC Assurance Framework – Feedback from mock inspection held on 20/21 November 2023** |
|  | RW updated members of SAB:* Five councils had been selected to trial the process: Lincolnshire, North Lincolnshire, Suffolk, Birmingham, and Nottingham, had been inspected and reports were published at the end of November 2023.
* Four received ratings “good” and one “required improvement”.
* Following appeal/review, the one authority that “required improvement” was updated to “good”.
* First three councils had been identified, Hounslow, Hertfordshire, and West Berkshire.
* Every fortnight there will be a further three authorities announced, but CQC may have to increase that number in order to undertake 20 by Easter.
* Process will comprise three weeks for data collection and three to six weeks from that until the inspectors visit.
* NYC had undertaken mock inspections. First phase was undertaken by Dr Carol Tozer a former an inspector and Director of Adult Social Services. This inspection involved a review of all our desktop information, data, and meetings with leadership team and other colleagues for six hours. Following the inspection a number of recommendations were made.
* It was hoped that the final report would be available mid-January.
* It was important that colleagues experienced the practicalities of an inspection prior to the CQC visit.

LW update on preparation:* A tactical group had been formed to oversee “preparedness” for inspection.
* Strategic group was chaired by RW and of which a number of partners/members of SAB were members.
* Team was working on the “evidence chest” and how best to manage this as CQC were quite specific with regard to how they would like this gathered/presented.
* Update/refresh/refine self-assessment following feedback received. Ensure that partners are part of the self-assessment process.
* Storyboards were in production to illustrate what is underway in North Yorkshire and would include the voice of people/lived experience.
* Seven improvement priorities had been identified and work was underway to ensure incremental progress towards delivering against those priorities and to see the change in the data/communications.

The Chair invited questions or comments:* Chair enquired whether the CQC might bring together either a subset of named partners and the Chair that they would want to engage around safeguarding? RW felt that it was likely they would want to interview SP as Chair of SAB and some partners in focus groups.
* It had been noted that the CQC adopted different approaches with each of the councils that had been inspected to date.
* If the CQC identified themes during the visit, they might follow those up with more detail with partners.

The Chair thanked RW and LW for the update. |
| **Item 12** | **Anti-Discriminatory Toolkit overview** |
|  | Chair welcomed Nicola Webb (NW) to the meeting and noted that this had been discussed at PPDL Group and Executive.Members of SAB had noted the content of the presentation that had been circulated with the agenda and papers. Current guidance requires the local authority and its partners to be able to:* Recognise discrimination and discriminatory abuse
* Identify discriminatory practice, structural and institutional discrimination both intentional and unintentional
* Identify areas of areas of activity that local authorities and their partners need to address to deliver better outcomes for people across all the equality strands.
* Additionally, those public sector partners are expected to demonstrate ‘due regard’ to the Public Sector Equality Duty as set out in the Equality Act, 2010.

The new self-assessment tool:* supports organisations to promote connections and good practice so SABs and their partners, can understand, prevent, reduce, and eliminate discriminatory abuse.
* it builds on roundtable discussions and a review of Safeguarding Adult Board Websites. The roundtable discussions recognised that discrimination was much broader than discriminatory abuse.
* sets out what organisations are required to do and allows them to measure their progress against three levels: developing, achieving, and excelling.
* The toolkit is available here:

[Discriminatory abuse self-assessment tool: safeguarding adults | Local Government Association](https://www.local.gov.uk/our-support/partners-care-and-health/safeguarding-resources/discriminatory-abuse-self-assessment-tool-safeguarding-adults)The Chair thanked NW for the presentation/paper and for outlining what the tool does. It was noted that this had been considered at PPDL and LAR sub-groups.The Chair proposed that:* Specific reference be made to Anti-Discriminatory Toolkit in the Strategic Plan for 2024/25.
* A dedicated session for SAB members be scheduled in relation to what it means and how we would demonstrate we are moving from developing through achieving to excelling and how this connects with other organisations and wider organisational approach.
* A survey of SAB members be undertaken next year to seek assurance of understanding/commitment.
* We consider what partner-based training/development activities may be available with regard to this as there is mention of member organisations being able to demonstrate XY and Z in terms of training in terms of governance.
* We consider obtaining a statement/declaration from each SAB member and introduce a mechanism to facilitate this.

**Action:*** Include Anti-Discriminatory Toolkit reference in Strategic Plan for 2024/25 - **SL**
* Schedule a session for members of SAB to explore the toolkit further – **SL/JF/NW**
* Consider possibility of undertaking survey of SAB members/how/when? – **SL/JF/NW**
* Consider training for SAB members. **SL/NW**
* Explore obtaining a statement/declaration from each member of SAB with regard to commitment to/understanding of anti-discriminatory requirements. **SL/JF**
 |
| **Item 13** | **Report from Executive** |
|  | Members of SAB had noted the report.There were no questions or comments in relation to the report.The Chair thanked the team for the report. |
| **Item 14** | **Any other business** |
|  | There was no further business and the Chair thanked members of SAB for attendance/participation. The meeting closed at 4.30 pm. |

|  |
| --- |
| **Calendar of Meetings** |
|  | * Wednesday, 20 March 2024 at 2.00 pm, Microsoft Teams
* Wednesday, 19 June 2024 at 2.00 pm, Microsoft Teams
* Wednesday, 18 September 2024 at 2.00 pm, Microsoft Teams
* Wednesday 11 December 2024, 2.00pm, Microsoft Teams
* Wednesday 19 March 2025, 2.00pm, Microsoft Teams
 |