

Minutes of the Audit Committee

**Date** Thursday, 5 September 2013  
**Venue** Conference Room, Hollybush House  
**Time** 9.00 am

**Present:**

| <u>Name</u>       | <u>Role</u>                    |
|-------------------|--------------------------------|
| Surrinder Kalirai | Non-Executive Director (Chair) |
| Jeremy Vanes      | Non-Executive Director         |

**In Attendance:**

| <u>Name</u>          | <u>Role</u>   |
|----------------------|---|
| Kevin Stringer       | Chief Financial Officer   |
| Sandra Ness          | Deputy Chief Financial Officer                                  |
| Mark Jones           | PricewaterhouseCoopers  |
| Glen Palethorpe      | RSM Tenon   |
| Don Fergusson        | Coventry & Warwickshire Audit Service                           |
| Paul Smith (part)    | Security Manager  |
| Adrian Sargent       | Trust Board Secretary   |
| Anne-Louise Stirling | Personal Assistant to Chief Financial Officer<br>(minute taker) |

**By Invitation:**

|              |                         |
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| Gwen Nuttall | Chief Operating Officer |
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| Item No |  | Action |
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| 35/2013 | <b><u>Apologies for absence</u></b><br>Paul Westwood – Coventry and Warwickshire Audit Services, David Ritchie – Non-Executive Director and Rosi Edwards – Associate Non-Executive Director. |        |
| 36/2013 | <b><u>Minutes of the Audit Committee meeting held on 6 June 2013</u></b><br>The committee approved the minutes of the meetings held on 6 June 2013.  |        |
| 37/2013 | <b><u>Matters arising from the minutes of the meeting of the Audit Committee held on 6 June 2013</u></b>   |        |

| Item No |  | Action                            |
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|         | <p><u>28/2013 Amendment of Standing Orders and Standing Financial Instructions (page 11)</u><br/>S Ness reported that the Charities Committee meeting had taken place last week and the issues raised at the June meeting of the Audit Committee had been discussed.</p> <p>Members were advised that any Business Case hitting the £50,000 threshold would be reported to the Board as per SFIs. However, as a better practice requirement any future items of significance will now have to have a Business Case drawn up prior to submission to the Trust Board for approval, however, this is not a SFI requirement.</p> <p><u>24/2013 Internal Audit RSM Tenon – Progress Report (page 6)</u><br/>G Nuttall advised members that she was in attendance, as requested, to report on progress to date following the Consultant Job Planning audit.</p> <p>G Nuttall advised that with regard to the action plan there were five high risk recommendations still outstanding at the time of the last Audit Committee meeting in June. Four of these have now been completed, however, further action would still be required. Initial progress had been slow, however, with the introduction of the additional new Divisional Medical Directors (previously two now increased to five) consultant job plans are now being signed off far more quickly. Furthermore, the responsibility of Consultant Job Planning has now been documented in the job descriptions for the Divisional Medical Directors.</p> <p>G Nuttall reported that she would be undertaking a full review of all job plans between October – December 2013 with J Odum (Medical Director), C Marshall (Deputy HR Director). In addition, guidance would be reissued to Divisional Medical Directors and all Consultant staff during October regarding the expectation of signing off job plans.</p> <p>The committee noted that significant progress should be evidenced by March 2014 (quarter 3) on the number of job plans signed off in the Divisions eg, 80% and that unless job plans have been signed Consultants will not be in a position to apply for the Clinical Excellence Awards.</p> <p>G Palethorpe advised the committee that he was satisfied with the timeframe discussed and that the four out of the five recommendations completed now needed to be closed on 4Action Tracking system to reflect this. The Chairman asked if an audit follow-up would take place to ensure that all recommendations had been actioned. G Palethorpe advised that a follow up audit would take place, however, this would not be necessary if this issue was being monitored by one of the Trust's sub-committees.</p> <p>The Chairman asked for a progress report for the December meeting of the committee.</p> <p>G Nuttall left the meeting at 9.30 am.</p> | <p>G Nuttall</p> <p>G Nuttall</p> |
| 38/2013 | <p><b><u>Audit Committee Action Points</u></b><br/>The Committee reviewed the list of Action Points, and the following observations were made:-</p>  |                                   |

| Item No |  | Action   |
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|         | <ul style="list-style-type: none"> <li> <p><u>Stock Control Procedures</u> –</p> <p>S Ness circulated a progress report on the action to date and action going forward with regard to the community stock control procedures.</p> <p>She advised that there had been extensive discussion with Senior Managers in the Trust and that a working group had been established to look at the issues raised, which would be Chaired by the Head of Procurement.</p> <p>G Palethorpe advised that he was happy with the action taken to-date and with the action plan going forward.</p> <p>K Stringer referred to the ‘value for money’ element of having two distribution centres; one on site and one off site. He advised that he would ask the Head of Procurement – A Stanyard to look at the feasibility of merging the two centres. The committee agreed this option should be investigated, however, J Vanes pointed out the need for business continuity, which the two centres currently provided.</p> <p>The committee requested a progress report to the December meeting.</p> </li> <li> <p><u>Recommendation Tracking</u></p> <p>K Stringer reported that a meeting had taken place between himself and G Palethorpe regarding the recommendation tracking escalation process. He advised that with effect from September a summary report of any outstanding medium/high recommendations would be provided on a monthly basis by RSM Tenon. This detail would then be presented to Executive Directors at their weekly meeting in the form of a ‘progress sheet’. Directors would then have the opportunity to discuss their ‘progress sheet’ with their respective department/directorate prior to reporting back on progress the following week. The final stages of the escalation process would be that if recommendations still remain outstanding they would be referred to D Loughton (Chief Executive), then Audit Committee and finally Trust Board.</p> <p>G Palethorpe reported that the analysis of the outstanding recommendations would normally sit within the progress report, but in view of the process only just commencing it had not been prepared for today’s meeting.</p> <p>K Stringer agreed to document an ‘action plan’ by early next week and circulate to members of the committee electronically either via the minutes or separately.</p> </li> <li> <p><u>Security Report</u></p> <p>This item can be closed as it will be discussed within the Security Report agenda item 6.</p> </li> </ul> | <p><b>K Stringer</b></p> <p><b>S Ness</b></p> <p><b>K Stringer</b></p> |

| Item No |  | Action            |
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|         | <ul style="list-style-type: none"> <li>• <u>Amendment of Standing Orders and Standing Financial Instructions</u><br/>This item can be closed as discussed earlier in the meeting under ‘matters arising’.</li> <li>• <u>Audit Committee Workplan</u><br/>This item can be closed as it will be discussed at agenda item 15.</li> <li>• <u>Audit Committee Workplan – Clinical Audit Work</u><br/>K Stringer advised that he had spoken with J Odum (Medical Director) regarding the clinical audit work not falling within the remit of the Audit Committee. J Odum had confirmed that the clinical audit was reported via the Quality and Safety Committee and then presented to members of the Board Assurance Committee. K Stringer raised the question as to whether members of the committee still wanted to see the detail of the clinical audit work.</li> </ul> <p>Members agreed that there was a clear cross over between the two committees and, indeed, the remit of the Audit Committee was to receive assurances from other committees that work had been completed. J Vanes expressed concern that last year there had been a system gap that led to problems, therefore, it was crucial to ensure work had been undertaken.</p> <p>K Stringer agreed to approach J Odum (Medical Director) in respect of Quality and Safety Committee and D Loughton (Chief Executive) for Board Assurance Committee for a progress update to evidence that work had been concluded, for the December meeting.</p> <p><b>RESOLVED:</b> That the report on the Audit Committee action points be noted and updated accordingly for the December meeting.</p> | <b>K Stringer</b> |
| 39/2013 | <p><b><u>Declaration of Interest</u></b><br/>No interests were declared at this meeting.</p>   |                   |
| 40/2013 | <p><b><u>Security Report</u></b><br/>P Smith presented the quarterly report on security across the Trust, and highlighted the following points.</p> <ul style="list-style-type: none"> <li>• <u>Capital Works within the Maternity Building –</u><br/>P Smith reported that the business case had now been approved and work had commenced with specialist contractors.</li> </ul>   |                   |

| Item No |  | Action                                |
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|         | <ul style="list-style-type: none"> <li>• <u>Community Premises and Community Services</u> -<br/>P Smith advised that the five community premises had successfully transferred across. Currently reviewing the number of security guards employed at health centre premises to alarm and secure buildings.<br/>It is estimated that potential savings of approximately £55,000 could be achieved if this service was removed.</li> <li>• <u>Review of Incidents</u> –<br/>The Committee noted that the number of thefts of personal property had risen sharply to 15 incidents for Quarter 1. P Smith advised that the thefts related to bikes and that staff had been given guidance on how to make bikes additionally secure when left on site. West Midlands Police were aware of the incidents and had offered a micro dotting service, in order that bikes could be identified and returned to the original owner if recovered.</li> <li>• <u>Incidents of Violence or Abuse</u> –<br/>P Smith drew the committee’s attention to the ‘unintentional assault’ column and advised that the 30 incidents related predominantly to Ward C22 where patients were under the care of the dementia team. Work had commenced with staff on bespoke conflict resolution training to try to reduce the number of incidents. S Ness advised that the use of Charitable Funds for the ward was currently being looked at to improve patient experiences.</li> </ul> <p>P Smith reported that the current Security Policy had been reviewed following advice from the Home Office regarding codes of practice in relation to CCTV and the purpose for which it is used relating to individuals. The policy will be revised to reflect that data obtained via access control systems or the ANPR is the property of the Trust and, therefore, can be used for investigatory purposes if required. K Stringer queried the data used in relation to the Safehands system , which gives detailed accurate data as to staff and patients whereabouts. P Smith acknowledged that the Safehands system could also be incorporated into the Security Policy. Following discussion K Stringer agreed to discuss this further with P Smith outside of the meeting.</p> <p>The committee noted that the re-tendering exercise in relation to the CCTV maintenance contract had been awarded with a 25% reduction on the existing costs. K Stringer questioned the amount of memory capacity and whether it was feasible to increase the number of days. P Smith advised that it had proved too expensive to buy additional memory capacity as the cost for an additional 30 days was approximately £75,000.</p> <p>The committee noted the detail in relation to the ‘performance of APCOA’. P Smith reported that a member of the APCOA team had resigned following a disciplinary investigation into an alleged incident and that a further member of staff had resigned prior to the conclusion of an on-going investigation. K Stringer advised that despite the resignations being tendered it did not detract from the incidents that occurred and that the Trust had a duty of care to ensure a similar incident didn’t occur at a future workplace.</p> | <p><b>K Stringer/<br/>P Smith</b></p> |

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|         | <p>P Smith advised that as APCOA staff were not employed by the Trust any follow up action lay with APCOA. Following discussion and concerns raised by members, P Smith agreed that he would raise this issue with G Argent (Divisional Manager- Estates and Facilities) to ensure appropriate follow up action was taken with APCOA.</p> <p><b>RESOLVED:</b> That the quarterly report on security within the Trust be noted .</p> <p>P Smith left the meeting at 10.00 am.</p>  |   |
| 41/2013 | <p><b><u>Counter Fraud – Coventry &amp; Warwickshire Audit Services</u></b></p> <p><u>Revised Annual Fraud Report 2012/13</u><br/>D Fergusson presented the revised Annual Fraud Report, summarising counter fraud activity for the financial year 2012/13. It was noted that the report had been presented to the committee at its meeting in June, but had been subsequently revised.</p> <p>Members were asked to note the revisions under section 5 on pages 11 and 12 of the report - ‘Summary of Risk Against the Contract and Standards’. D Fergusson reported that the data had not previously been reflected in the report, but had now been concluded. This detail reflects the work completed on the self-assessment tool and has been presented to NHSLA Protect.</p> <p>Members noted that there was an error on page 11 and that in fact all areas of activity should be ‘green’. D Fergusson undertook to amend this page accordingly.</p> <p><b>RESOLVED:</b> The committee noted the revised Annual Fraud Report for 2012/13.</p> <p><u>Fraud Progress Report 2013/14</u><br/>D Fergusson presented the Fraud Progress report providing a summary against the fraud plan for 2013/14.</p> <p>Members noted that the attendance of LCFS at staff induction sessions continued and that staff attendance remained high. D Fergusson reported that to ensure consistency across the Trust with regard to temporary members of staff a ‘quick induction’ package on the KITE site had been developed to provide information on the role of the LCFS.</p> <p>D Fergusson drew the committee’s attention to 2013-03 relating to information requested by the HMRC. K Stringer advised that P Westwood had discussed this particular case with him and was currently making further enquiries. As an employer of this individual it was necessary to ascertain the full position before deciding whether any further action was necessary.</p> <p>J Vanes enquired if an audit took place of food areas for example, was the Trust aware of any patient meals going missing. D Fergusson advised that a review could be easily undertaken of the catering arrangements within the Trust and agreed to raise this with P Westwood.</p> | <p><b>D Fergusson</b></p> <p><b>D Fergusson</b></p> |

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|         | <p>K Stringer advised that it would be good practice to check with P Smith in the first instance to ascertain whether there was any reported instances or issues.</p> <p>The Chairman raised the three cases of employees working whilst on sick leave from the Trust and asked if anything further could be done on this issue. D Fergusson advised that staff are made aware of the consequences of staff employed by the Trust and working elsewhere whilst off sick via the LCFS newsletter. D Fergusson agreed to speak to P Westwood to produce a reminder for the next edition of the LCFS newsletter.</p> <p><b>RESOLVED:</b> The committee noted the report.</p>  | D Fergusson  |
| 42/2013 | <p><b><u>Internal Audit – RSM Tenon</u></b></p> <p>G Palethorpe advised the committee that RSM Tenon Group PLC, had been placed into administration and that the underlying trading business had been sold to Baker Tilly. Whilst, this will have no impact on the delivery of the internal audit service members were made aware that RSM Tenon’s name will change over the next few months.</p> <p><u>Internal Audit Progress Report</u></p> <p>G Palethorpe presented the progress report to the committee providing an update on the outcomes of internal audits during 2013/14 and since the June meeting of the committee.</p> <p>It was noted that four reports had been finalised since the last meeting of the committee namely:-</p> <ul style="list-style-type: none"> <li>• Compliance with the Death Certificate Policy (Amber/Red Opinion)</li> <li>• Pre-Recruitment and On-going Professional Registration Checks (Amber/Green Opinion)</li> <li>• Ambulance Turnaround Times (Amber/Green Opinion)</li> <li>• Authorisation of Rosters (Red Opinion)</li> </ul> <p>The committee noted that although the ‘Compliance with the Death Certificate Policy’ audit had received an ‘amber/red’ opinion this was still a positive audit. The one high recommendation related to a more stringent approach to the requirements of the policy being applied.</p> <p>G Palethorpe advised that in relation to the e-rostering audit this had been undertaken at the request of the Deputy Chief Nurse following concerns raised in relation to the process of confirming core and additional hours within wards. Following internal audit review the recommendations made consisted of four high, five medium and one low category recommendation. It was reported that the Deputy Chief Nurse was in full agreement with the action plan and the recommendations going forward. A follow up audit will be held prior to the next Audit Committee and a progress update available at the December meeting.</p> | G Palethorpe |

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|         | <p>G Palethorpe advised members that the recommendation tracking detail was excluded from the progress report due to the escalation process only just commencing, as discussed earlier in the meeting. However, all high/medium recommendations would be presented at future meetings of the committee as an Appendix to the progress report.</p> <p><b>RESOLVED:</b> That the progress report from RSM Tenon on progress against the Internal Audit Plan 2013/14 be noted.</p>   |        |
| 43/2013 | <p><b><u>External Audit - PricewaterhouseCoopers</u></b></p> <p><u>Annual Audit Letter 2012/13</u></p> <p>M Jones presented the Annual Audit Letter to members of the committee, which summarises the results of the 2012/13 audit work.</p> <p>The letter reflected the ISA 260 report and the report on the Quality Account both of which had been received by the Committee in June.</p> <p>It was noted that the that the Audit Commission had changed the deadline to the end of July for the submission of the Annual Audit letter, which does not correlate with the cycle of Audit Committee meetings. M Jones explained that the letter had been shared with K Stringer prior to today's meeting, but this was the first opportunity to share with members.</p> <p>Referring to page 2 of the letter M Jones advised that the Trust had performed well in all six audit areas and had achieved an overall rating of 'green'. Members noted that there were no issues or concerns and M Jones advised that he was happy to present a positive Annual Audit Letter to the committee.</p> <p>K Stringer asked that his thanks be put on record to both S Ness and the Finance team for their hard work.</p> <p>The committee concluded that the content of the letter was very positive with no issues raised.</p> <p><b>RESOLVED:</b> The committee approved the Annual Audit Letter, which will be presented to the Trust Board at its meeting on the 23 September 2013.</p> <p><u>Charitable Funds ISA Report</u></p> <p>The Chairman advised that this that this item had been removed from the agenda, but a brief explanatory discussion would be held under item 12 on the agenda.</p> |        |

| Item No |   | Action     |
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| 44/2013 | <p><b><u>KPMG Audit Report – Finance Function</u></b></p> <p>K Stringer presented the Finance Function Review report prepared by KPMG on the future work of the Finance Department at the Trust.</p> <p>The committee noted that the review of the finance function had been highlighted as one of the areas that required addressing as part of the working capital review by Deloitte, following the Trust’s application to become a Foundation Trust in 2012. K Stringer drew members attention to ‘Section 2 – Executive Summary’ and the four key areas reviewed:-</p> <ul style="list-style-type: none"> <li>• Cost Improvement Programme (CIP)</li> <li>• Finance Function’s Level of Trust and Influence</li> <li>• Business Planning and Case</li> <li>• Finance Function Resources and Structure</li> </ul> <p>The committee noted that the report was mainly positive, however, there were key recommendations linked to delivery of CIP and reporting.</p> <p>It was noted that the key actions pertaining to each area was detailed in ‘Appendix 6’.</p> <p>K Stringer reported that there were no real major problems or concerns; there were some areas for improvement which had been highlighted and an agreed action plan had been put in place.</p> <p>The Chairman requested a progress report against each action item, in order to keep the matter under review. K Stringer agreed to describe the financial strategy for the organisation.</p> <p><b>Resolved:</b> The committee noted the report.</p> | K Stringer |
| 45/2013 | <p><b><u>Losses and Compensation Payments</u></b></p> <p>S Ness presented the report on losses and special payments for the period 1 May 2013 to 31 July 2013.</p> <p>The committee noted the detailed analysis of the 48 cases for write off to the value of £14,910.85 for the period 1 May 2013 to 31 July 2013 by the Chief/Deputy Chief Financial Officer under delegated authority.</p> <p>In addition, the committee were asked to approve two bad debts amounting to £14,355 which were outside officers’ delegated limits. These debts related to pharmaceutical items one being to the value of £7,060.00 and the second debt to the value of £7,295.00. S Ness advised that this had been provided for in the Annual Accounts and had not impacted on this year’s income and expenditure plan.</p>   |            |

| Item No |  | Action     |
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|         | <p><b>Resolved:</b> The Committee noted and approved the losses and special payments as detailed in the report. This detail will be presented to the Trust Board at its meeting on the 23 September 2013.</p>  |            |
| 46/2013 | <p><b><u>Charity Annual Report and Accounts</u></b><br/>K Stringer advised that a brief conversation had taken place with PricewaterhouseCoopers, the Chair of Charities and members of Audit Committee to ensure they were fully aware of the position in relation to the Charity Annual Report and Accounts and ISA 260.</p> <p>K Stringer advised that following discussion at the August Charity Committee the Charity Accounts 2012/13 had to be adjusted. This was to recognise in the accounts the use of £400,000 for the Simulated Training Centre within the Wolverhampton Medical Institute. The income had been recognised, but not the expenditure and this needed to be remedied. It had, therefore, been necessary to remove the Charity Annual Report and Accounts and ISA 260 from being presented at today's meeting.</p> <p>M Jones advised members of the committee that the ISA 260 could not be issued until it had been updated following which it would be presented to members along with the accounts for sign off.</p> <p>It was agreed that PricewaterhouseCoopers would reissue the ISA 260 upon the Trust resubmitting the updated accounts week commencing 16 September 2013, with a special Audit Committee being convened, in order to formally consider the revised detail. Following approval the Accounts and ISA 260 would be presented at Trust Board for final approval and noting on the 23 September 2013.</p> <p><b>RESOLVED:</b> Following receipt of the ISA 260 and subject to approval by a special Audit Committee meeting the Annual Report and Accounts and ISA 260 will be presented to the Trust Board on the 23 September 2013 for approval.</p> |            |
| 47/2013 | <p><b><u>Audit Committee Terms of Reference</u></b><br/>The revised Terms of Reference for the committee, following the Governance review, were included on the agenda for consideration, prior to the Board finally approving its entire Committees' terms of reference.</p> <p>A Sargent mentioned several points for the committee to consider including the absence of any explicit mention of the security and losses and compensation report in the draft Terms of Reference. K Stringer queried whether the security report ought more appropriately be presented to another committee, other than Audit Committee, and agreed to speak to G Nuttall (Chief Operating Officer) to clarify this. A Sargent also pointed out that there were areas of duplication between certain committees regarding matters which had until now been the clear responsibility of the Audit Committee, including the Annual Audit Plan, the Annual Governance Statement, and the oversight of SFIs.</p> <p>J Vanes advised that he had attended the first meeting of the Quality Governance Assurance Committee (formerly Board Assurance Committee) where it's terms of reference had also been discussed.</p>   | K Stringer |

| Item No |   | Action  |
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|         | <p>To avoid any confusion over the remit of the committees and which committee approved what document eg, Annual Audit Plan, Annual Governance Statement, Head of Audit Opinion, he suggested that a way forward would be to convene a one off session chaired by the Trust's Chairman to review all the Terms of Reference for the committees and sign them off to avoid any cross over or duplication.</p> <p>Following discussion the Chairman agreed that K Stringer and A Sargent should review the committee's terms of reference and circulate the resulting document to all committee members with a view to reaching a position acceptable to this committee.</p> <p><b>Resolved:</b> K Stringer and A Sargent to review draft terms of reference to ensure it reflects the functions of an NHS Audit Committee, and that these be presented to the Board in October along with the Terms of Reference of other Trust committees, for final approval.</p>                      | <p><b>K Stringer/<br/>A Sargent</b></p>                               |
| 48/2013 | <p><b><u>Audit Committee Workplan 2012/13</u></b></p> <p>The Chairman presented the revised workplan previously submitted for approval to the June meeting of the committee.</p> <p>It was noted that the item 'Standards for Better Health process and declaration' required a separate heading for 'Clinical Audit Plan'.</p> <p>The committee agreed that the workplan should be updated for the December meeting along with a draft workplan for 2014.</p> <p><b>RESOLVED:</b> The 2013 workplan to be revised and presented to the December meeting along with a draft 2014 workplan for approval.</p>   | <p><b>K Stringer</b></p>  |
| 49/2103 | <p><b><u>Audit Committee Self- Assessment Checklist</u></b></p> <p>K Stringer presented the report on the proposed 'self-assessment checklist'.</p> <p>K Stringer referred to Appendix 1 of the report, which details questions extracted from the NHS Audit Committee Handbook to be completed by members of the committee. Following discussion it was agreed that the checklist would be sent out electronically and returned electronically to G Palethorpe by the 30 September 2013. It was further noted that the section on 'Clinical Audit' did not have to be completed.</p> <p>G Palethorpe advised that he would present the findings of the self-assessment to the December meeting of the committee.</p> <p><b>RESOLVED:</b> K Stringer to ensure that the checklist was sent out electronically to Internal and External Audit, Non-Executive Members, Local Counter Fraud and the Deputy Chief Financial Officer for completion and return by the 30 September 2013.</p> | <p><b>K Stringer</b></p> <p><b>G Palethorpe</b></p> <p><b>ALL</b></p> |

| Item No |  | Action |
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| 50/2013 | <p><b><u>Issues of Significance Arising from Board Assurance Committee</u></b><br/>           J Vanes reported that the Board Assurance Committee no longer existed and had been replaced by a new committee, namely Quality Governance Assurance Committee. The 'terms of reference' were currently being reviewed and it was noted that meetings would be held monthly covering quality and governance issues.</p> |        |
| 51/2013 | <p><b><u>Any Other Business</u></b><br/>           The committee had no additional business to raise. The meeting concluded at 12.15 pm.</p>   |        |
| 52/2013 | <p><b><u>Date and Time of Next Meeting</u></b><br/>           The next meeting of the Audit Committee will take place on Tuesday, 3 December 2013 at 9.30 am in the Conference Room, Hollybush House.</p> <p><b><u>Note - the previously scheduled date of 10 December 2013 has been cancelled.</u></b></p>  |        |

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