Audit Committee Minutes - 13 June 2011

Agenda Item: 12
Reference: 11B.092

Board Meeting: 26 September 2011

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NHS Direct Audit Committee Meeting

Minutes of the Audit Committee meeting held at 10.30am on 13 June 2011 at 120 Leman Street, London, E1 8EU

Present:	Peter Catchpole – Non-executive Director (Chair) Trevor Jones – Non-executive Director Sue Hunt – Non-executive Director
In attendance for all of the meeting:	Nick Chapman – Chief Executive Trevor Smith – Director of Finance Alan Bentall – Chief Information Officer Helen Astle – Associate Director of Corporate Business Jackie Dunn – Deputy Director of Finance Dave Weightman – Local Security Management Emma Farlow – Finance Governance Lead (Minutes) Roger Rawlinson – Director of Human Resources Steve Horner – Management Accounts Ivan Doncaster – Chief Internal Auditor, ParkHill Kevin Limn – Internal Audit Manager, ParkHill Paul Holland – National Audit Office Dean Parker – National Audit Office Alex Hughes – Deloitte Counter Fraud Mark Hodgson - Audit Commission Nigel Mander - Audit Commission

1.	**Welcome and apologies for absence**
1.1	No apologies were received.
2.	**Declarations of Interest**
2.1	There were none.
3.	**Minutes of the previous meeting**
3.1	**<u>Resolved</u>: that the minutes of the Audit Committee meeting held on 14 March 2011 be agreed as a correct record**
4.	**Matters Arising**
4.1	The Audit Committee Action Log was reviewed.
4.2	The Sickness Absence Revised Management Response to Internal Audit recommendations was noted
4.2	**<u>Resolved</u>: that** **a) the action log be noted; and** **b) the Sickness Absence Revised Management Response be noted.**
5.	**Financial Year 2010/11**
5.1	**Internal Audit Annual Report 2010/11**
5.1.2	The Committee received the Internal Audit Annual Report for 2010/11 which informed the members of the Audit Committee of the work completed by Parkhill during the period 1 April 2010 to 31 March 2011
5.1.3	The summary of Internal Audit conclusions noted the audit opinion for the following reviews undertaken during 2010/11: a) Payroll / ESR – Adequate Assurance b) Risk Management (Interim Review) – Limited Assurance c) Board Assurance Framework (Interim Review) – Limited Assurance d) Financial Feeder Systems – Substantial Assurance e) HR Recruitment & Training – Substantial Assurance f) Sickness Absence – Adequate Assurance g) Agency Billing – Substantial Assurance h) Financial Reporting & Budgetary Control – Substantial Assurance i) Non-Pay Expenditure – Substantial Assurance j) Handling of Assets on Mobile Provider Accounts – Limited Assurance k) Information Governance Toolkit – Substantial Assurance
5.2	**Head of Internal Audit Opinion**
5.2.1	The Audit Committee received the Head of Internal Audit Opinion where significant assurance was given.
5.2.2	It was noted that, significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.
5.2.3	There had been some weakness in the design and/or inconsistent application of controls that put the achievement of particular objectives at risk. These weaknesses mainly relate to the Board Assurance Framework, Risk Management, and Handling of Assets on

	Mobile Provider Accounts reviews which were all assigned 'Limited' assurance opinions.
5.2.4	The Chief Internal Auditor noted that the Trust has since implemented a significant number of the recommendations agreed as part of the Board Assurance Framework and Risk Management reviews, and if re-audited a substantial assurance would be given for both of these reviews.
5.3	**Counter Fraud Service Annual Report 2010/11**
5.3.1	The Committee received the Counter Fraud Service Annual Report for the year 2010/11 which informed the members of the Audit Committee of the work completed by Deloitte during the period 1 April 2010 to 31 March 2011.
5.3.2	It was noted that 60 days of proactive and reactive work had been completed during the period, comprising of 40 proactive days and 20 reactive days.
5.3.3	The Committee were advised that as part of creating an anti fraud culture and deterrence for the Trust the Counter Fraud Service have developed an animated DVD, which has been recommended to the Trust for use within induction sessions for new starters.
5.3.4	The Committee were advised that as part of the local proactive work, the Counter Fraud Service completed a review around the process in place regarding the registering of gifts and hospitality/registering of interest for the Trust. Given the forthcoming introduction of the Bribery Act 2010 from 1 July 2011, it was recommended that the Trust should consider updating the Gifts & Hospitality Policy to include references to the Bribery Act 2010, consider strengthening the wording of the declaration on the Gifts & Hospitality pro-forma, and also consider updating the due diligence and supplier vetting process in respect of procuring goods and services to include the requirements of the Bribery Act 2010.
5.3.5	Again, as part of the local proactive work for the Trust, the Counter Fraud Service advised the Committee that a review was carried out to ascertain and document the actual process in place for conducting pre-employment checks and whether the process had been adhered to for a sample of employees. It was highlighted that in 24 out of 27 HR file reviewed, it had been identified that there was no evidence of a Criminal Records Bureau (CRB) check being undertaken. The Director of Human Resources noted that CRB checks are not relevant for all positions within the Trust and that of those 24 files highlighted a review would be conducted as to whether a CRB check is applicable to those particular roles.
5.4	**Security Management Annual Report 2010/11**
5.4.1	The Committee received the Security Management Annual Report for the year 2010/11 which informed the members of the Audit Committee of the work completed by the Trust's Local Security Management during the period 1 April 2010 to 31 March 2011.
5.4.2	The Committee was advised that within 2010/11 a decision was made to undertake security management internally within the organisation and to support the training of two Local Security Management Specialists.
5.4.3	Throughout the past year there have been 35 reported incidents within Datix that have been classified as security related matters, all incidents have been reviewed and appropriate action has been taken where applicable.

5.5	**Health & Safety Annual Report 201/11**
5.5.1	The Committee received the Health & Safety Annual Report for the year 2010/11 which informed the members of the Audit Committee of the activities undertaken by the Trust during the period 1 April 2010 to 31 March 2011 in relation to health and safety.
5.5.2	It was noted that during the last year there have been changes to the ways in which the health and safety committees are conducted which has led to a greater opportunity for sites and divisions to learn, share and adopt best practice from each other.
5.5.3	There have been no statutory notices or prosecutions this year by the Health and Safety Executive (HSE) or Environmental Health Services.
5.5.4	Throughout the year there were 103 accidents reported across the national service which remains a small number of accidents given the number of staff employed and the number of physical work locations, this is a reduction of 14% on the previous year.
5.6	**NHS Direct National Health Service Trust - Annual Report & Accounts 2010/11**
5.6.1	The Committee received the draft Annual Report and Accounts for NHS Direct National Health Service Trust for 2010/11 which they were required to review prior to their presentation to the Trust Board.
5.6.2	The Committee discussed the draft Annual Report and Accounts for NHS Direct National Health Service Trust for 2010/11 in depth, providing comments and suggestions with some minor amendments.
5.6.3	The Audit Committee were content that the annual report was a fair and representative account of the work of NHS Direct National Health Service Trust for 2010/11.
5.7	**External Audit Report on NHS Direct National Health Service Trust Accounts for 2010/11**
5.7.1	The Committee received and discussed the External Audit Report on NHS Direct National Health Service Trust Accounts for 2010/11, provided by the National Audit Office, where an unqualified opinion had been given.
5.7.2	The Chief Executive Officer acknowledged the reports from the National Audit Office and Parkhill on NHS Direct National Health Service Trust Annual Report & Accounts for 2010/11, expressing his thanks and noting the effective working relationships. The Chief Executive Officer expressed his congratulations and thanked all of the Trust's staff for their hard work and contributions.
5.7.3	The Committee were extremely content with the report and expressed their congratulations.
5.8	**Audit Commission Review of NHS Direct National Health Service Trust Quality Care Accounts**

5.8.1	The Committee received and discussed the Audit Commission Review of NHS Direct National Health Service Trust Quality Care Accounts for 2010/11. The report set out the Audit Commission's findings and recommendations from their early review of the Trust's Quality Accounts in advance of the expected introduction of formal external audit assurance for the Trust in 2011/12.
5.8.2	The Audit Commission noted that the Trust has in place many of the elements that they would expect to see for data quality. The Trust has put in place a corporate framework for management and accountability of data quality in relation to quality performance, with a commitment to secure a culture of data quality throughout the organisation.
5.8.3	It was noted that there were some areas that could be further strengthened and that an agreed plan of action has be implemented. The Committee suggested and agreed that the Trust's internal auditors would support the monitoring of the completion of the agreed recommendations within the action plan.
5.9	**Audit Committee Annual Report 2010/11**
5.9.1	The Committee received and discussed annual report of the Audit Committee for the year 2010/11 demonstrating how the Committee discharged its planned activities and responsibilities for the year.
5.9.2	It was noted that the Committee met on four occasions throughout the financial year to discharge its responsibilities for scrutinising the risks and controls which affect all aspects of the organisation's business.
5.9.3	The Committee's work predominantly focused upon the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives (the Assurance Framework). The Committee had a pivotal role to play in reviewing the disclosure statements from the organisation's assurance processes; in particular the Statement on Internal Control, included in the Annual Report and Accounts, and the Information Governance and Care Quality declarations.
5.9.4	The Audit Committee independently monitored, reviewed and reported to the Board on the processes of governance and, where appropriate, facilitated and supported, through its independence, the attainment of effective processes. Key activities included: (a) Reviewing in detail the Annual Accounts 2010/11 for the Trust, including the Audit Completion Report from External Audit (b) Considering the Audit Planning Report from External Audit (c) Assessing the Assurance Framework and ensuring that any highlighted risk areas were mitigated through reviews or other work streams (d) Considering the assurances on risk and control set out in Internal Audit's annual report and opinion, together with key assurance reported in individual reports.
5.9.5	A review of the Committee's compliance with the Audit Committee Handbook had been undertaken and also an assessment of performance against the Committee's planned activities for the year had been completed. It was noted that there were no key issues from these reviews for the Audit Committee.
5.9.6	It was concluded that the Committee's planned activities and responsibilities have been appropriately discharged in 2010/11.

5.10	**Payroll Statement on Auditing Standards (SAS) 70 Report 2010/11**
5.10.1	The Committee received and discussed the Independent Service Auditor's Report on controls placed in operation and tests of operating effectiveness for the Payroll Services currently provided by the Trust's outsourced supplier, where it found them compliant in meeting all required controls.
5.10.2	It was noted that since report was produced the Payroll Services supplier had transferred the operation of the NHS Direct services from one site to another. The supplier had not yet justified why they did this and the service received on transfer has been unsatisfactory. NHS Direct were currently awaiting a response to a letter issued to the supplier detailing the concerns. The Committee were assured that the issue had been quickly escalated to the Trust's Executive Team and that the findings would be reported back to the Committee.
5.11	**<u>Resolved:</u> that** **(a) the Internal Audit Annual Report 2010/11 be noted;** **(b) the Head of Internal Audit Opinion be noted;** **(c) the Counter Fraud Service Annual Report 2010/11 be noted;** **(d) the Security Management Annual Report 2010/11 be noted;** **(e) the Health & Safety Annual Report 201/11 be noted;** **(f) the Audit Committee recommend approval of the NHS Direct National Health Service Trust Annual Report & Accounts 2010/11 to the Trust Board subject to the minor amendments identified at the meeting;** **(g) the External Audit Report on NHS Direct National Health Service Trust Accounts for 2010/11 be noted;** **(h) the Audit Commission Review of NHS Direct National Health Service Trust Quality Care Accounts be noted;** **(i) the Audit Committee Annual Report 2010/11 be noted; and** **(j) the Payroll Statement on Auditing Standards (SAS) 70 Report 2010/11 be noted.**
6	**Audit Committee Annual Plan 2011/12**
6.1	The Committee received and discussed the Audit Committee Work Plan for the year 2011/12 which was approved by the Trust Board on the 26 April 2011. It was noted that the Work Plan had previously been provided to the Trust's auditors for their input.
6.2	The Committee were asked to consider the scope, content, coverage and timing of Committee activities.
6.3	The Work Plan is based upon the model within the Audit Committee Handbook localised for the Trust and links to the Committee's Terms of Reference. The Handbook guides NHS Boards and Audit Committees in their approach to scrutinising establishment and maintenance of an effective system of governance, risk management and internal control. This is consistent with the continued development of NHS Boards good governance principles, as well as recognising the developments in healthcare management and broader corporate governance.
6.4	The Audit Committee will independently monitor, review and report to the Board on the processes of governance and, where appropriate, facilitate and support, through its independence, the attainment of effective processes. Key activities will include: (a) Reviewing in detail the Annual Accounts for the Trust,

	(b) Considering the Annual Management Letter from External Audit, (c) Assessing the Assurance Framework and ensuring that any highlighted risk areas are mitigated through reviews or other work streams, (d) Considering the assurances on risk and control set out in Internal Audit's annual report and opinion, together with key assurance reported in individual reports (e) Reviewing the work of Information Governance; and (f) Monitoring the process underpinning the Quality Care Standards declaration against the assurance framework and other sources of assurance.
6.5	**Resolved: that the Audit Committee Work Plan for 2011/12 be approved.**
7	**Internal Audit**
7.1	**Internal Audit Plan 2011/12**
7.1.2	The Committee received the Internal Audit Plan for the year 2011/12 which had previously been shared with the Director of Finance and the Management Team.
7.1.3	The Committee discussed the Internal Audit Plan for the year 2011/12 in depth, providing comments and suggestions with some minor amendments.
7.2	**Internal Audit Progress Report**
7.2.1	The Committee received and discussed the Internal Audit Progress Report which informed the members of the Audit Committee of the work in progress or completed by Parkhill for the 2011/12 financial year to date.
7.2.2	In relation to the Internal Audit Recommendations/Action Tracker, the Committee were advised that since the production of the report, evidence has now been received and awaiting verification of the work completed for all the high priority recommendations and once verified an updated tracker will be circulated to Committee members. **Action: Kevin Limn**
7.3	**Handling of Assets on Mobile Provider Account**
7.3.1	The Committee received and discussed the Handling of Assets on Mobile Provider Account report which summarised and tied together the work commissioned to undertake a review of a particular incident and the control environment for that area, by the Trust's Internal Auditors, Local Counter Fraud Service, Local Security Management Service and the Head of ICT Infrastructure.
7.3.2	Each of the reviews highlighted that the processes and systems of control for this area in the Trust were not as robust and effective as they should have been. As a result, all of the reports highlighted a number of recommendations that the Trust need to consider and implement, to prevent any further incidents from occurring.
7.3.3	It was noted that the Trust's Internal Auditors would be producing a formal and final report that will capture the recommendations raised from each of the reviews and will be followed up as part of their Internal Audit Plan for 2011/12. **Action: Kevin Limn**

7.4	**Internal Audit Terms of Reference**
7.4.1	The Committee received and discussed the Internal Audit Terms of Reference which set out the respective responsibilities of Parkhill and NHS Direct, the services Internal Audit is required to perform and the means by which these will be performed. The document covered the period 1 April 2011 to 31 March 2012.
7.4.2	It was noted that the Trust's Director of Finance was content with the proposed Internal Audit Terms of Reference.
7.3	**Resolved: that** **(a) the Audit Committee approve the Internal Audit Plan 2011/12 subject to the minor amendments identified at the meeting;** **(b) the Internal Audit Progress Report be noted;** **(c) the Handling of Assets on Mobile Provider Account be noted; and** **(d) the Internal Audit Terms of Reference be noted.**
8	**Counter Fraud Service**
8.1	**Counter Fraud Work Plan 2011/12**
8.1.2	The Committee received and discussed the Counter Fraud Work Plan which informed the members of the work proposed days and areas of work by Deloittes, for the financial year 2011/12.
8.2	**Counter Fraud Strategy**
8.2.1	The Committee received and discussed the Counter Fraud Strategy report which informed the Audit Committee members of the Counter Fraud Strategy by Deloittes, for the financial year 2011/12.
8.2.2	The Trust's aspirations to achieve a Level 3 following the 2009/10 Qualitative Assessment where the Trust received a rating of Level 2 were noted.
8.3	**Counter Fraud Progress Report**
8.3.1	The Committee received and discussed the Counter Fraud Progress Report which informed the members of the Audit Committee of the work in progress by Deloittes, for the 2011/12 financial year to date or completed work from 2010/11.
8.4	**Resolved: that** **(a) the Counter Fraud Work Plan 2011/12 be approved;** **(b) the Counter Fraud Strategy report be approved; and** **(c) the Counter Fraud Progress Report be noted.**

9	Security Management
9.1	**Security Management Annual Plan 2011/12**
9.1.2	The Committee received and discussed the Security Management Annual Plan which informed the members of the proposed areas of work for the financial year 2011/12.
9.1.3	Within the previous year's work plan there was an allocation of working days to undertake all the perceived work that was required within the organisation in relation to security. The majority of this time was to focus on training staff members in conflict resolution and general awareness. By year end, the Local Security Management Service (LSMS) had delivered 32.5 days on security. Throughout the year (2010/11), greater understanding of the LSMS role and the requirements of NHS Direct as an organisation were obtained with clarification, for instance, that conflict resolution training was not required. Therefore for 2011/12 after much consideration and planning it was only felt that an allocation of 49.5 days for the year were required to completed the security agenda which is mapped out in the annual work plan.
9.2	**Security Management Progress Report**
9.2.1	The Committee received and discussed the Security Management Progress Report which informed the members of the work progressed to date.
9.2.2	It was noted that the Estates and Facilities Department have now conducted all the sites surveys which will be written up for the 1 July.
9.3	**Health & Safety Annual Plan 2011/12**
9.3.1	The Committee received and discussed the Health & Safety Annual Plan which informed the members of the proposed areas of work for the financial year 2011/12.
9.3.2	The National Health and Safety Committee will continue to monitor, advise and improve the organisational direction in relation to Health and Safety.
9.3.4	The main areas on focus throughout the year will be to: a) Ensure divisions/sites undertake their required actions as highlighted within their annual audits and risk assessments b) Review the organisations health and safety policies to ensure that they are compliant to current legislation and suitable for the needs of the organisation to maintain the health, safety and welfare of staff c) Review, update and implement the health and safety training methods to ensure that they are current and suitable for implementation throughout the organisation d) Continue to monitor and assess the number of accidents which occur, identifying trends and patterns and implementing systems and processes to minimise the risk of reoccurrence.
9.4	**Health & Safety Progress Report**
9.4.1	The Committee received and discussed the Health & Safety Progress Report which informed the members of the work progressed to date.

9.4.2	It was noted that the initial outcomes of the 2011/12 Health and Safety audits indicate that the national average for compliance against the Health and Safety Action Plans and Fire Risk Assessments provided an average national compliance 84% and 89% respectively.
9.4.3	The results from initial assessment show a slight decrease in average national compliance at end of year from the 2010/11 audits, however this is due to information outstanding from NHS Direct site landlords to prove their compliance and sites completing their annual reviews of their risk assessments.
9.4.4	The Committee requested that it be report back to a future meeting, the actions that will be undertaken and what plans are in place to increase the overall compliance to an acceptable level. **Action: Dave Weightman**
9.4.5	It was noted that within the past quarter the there have been five health and safety policies which were due for review which, have been consulted upon and approved.
9.4.6	In relation to Accidents, Incidents and Near Misses, it was noted that there were a total of 57 reports during the period 1st January – 31st March 2011 of which 17 were accidents. This showed that the number of accidents had decreased by 60% on the previous quarter, and was lower than the same quarter over the previous two years and is the second lowest number of accidents in any quarter since 2008.
9.5	**Resolved: that** **a) the Security Management Annual Plan 2011/12 be approved;** **b) the Security Management Progress Report be noted;** **c) the Health & Safety Annual Plan 2011/12 be approved; and** **d) the Health & Safety Progress Report be noted.**
10	**Review of losses, special payments and waivers (11AC.008)**
10.1	**Waivers**
10.1.1	The Committee received and reviewed the Single Tender Actions for the period March 2011 to May 2011 greater than £50k.
10.2	**Losses & Special Payments**
10.2.1	The Committee received and reviewed the Losses & Special Payments report which reports on the losses and special payments above £500 made in the period 1st March 2011 to 30 April 2011and the list of salary overpayments recommended by the Director of Finance for write-off.
10.2.2	It was noted that within the period 1st March 2011 to 30 April 2011 there were no Losses or Special Payments above £500 that had been made.
10.2.3	The Committee endorsed the salary overpayments recommended for write off.

10.3	**Salary Overpayments**
10.3.1	The Committee reviewed and discussed the update report on salary overpayments and considered the progress made on the action points proposed from previous Audit Committee meetings.
10.3.2	The Committee noted the amounts recovered post write-off.
10.4	**Resolved: that** **a) the Waivers report be noted;** **b) the Losses & Special Payments report be noted;** **c) the Salary Overpayments report be noted; and** **d) the salary overpayments required for write off be endorsed.**

11	**Corporate Governance Manual**
11.1	**Corporate Governance Manual**
11.1.1 11.1.2	The Committee received and discussed the Trust's Corporate Governance Manual and accompanying report which detailed that the Corporate Governance Manual had been reviewed in line with annual review requirements to ensure it remains relevant.
11.1.3	It was noted that apart from minor formatting modifications, the main changes proposed are: • Changes to delegated limits for estates expenditure • Inclusion of a process for approval of bids for new services • Clarity on the use of the Trust seal • Reference to the Executive Management Board and the Innovation Committee • Listing of Officer members and non-voting Board advisors
11.1.4	The Committee were advised that the reviewed Corporate Governance Manual was considered and agreed by EMB at its June meeting.
11.1.5	The Committee recommend the revised Corporate Governance Manual to the Board for final approval.
11.2	**Gift and Hospitality Policy** The Committee received and discussed the Gift and Hospitality Report, the Trust's Gift and Hospitality Policy and the Local Counter Fraud Review Report. It was noted the Gift and Hospitality Policy had been revised following a review by Local Counter Fraud Specialists of Gifts and Hospitality and the Register of Interests in the Trust. The main changes proposed by the Counter Fraud review are stated below and have been reflected in the Policy: • Updating the Policy to include references to the Bribery Act 2010 which is due to come into force in June 2011; • Using the Gifts and Hospitality Declaration form recommended by Counter Fraud (this has been edited to suit the Trust); and • Updating the Policy to include references to the Whistleblowing Policy and the Counter Fraud Policy and highlighting the implications for breaching the Policy.

	In addition to this, the following changes have also been made: • Reduction of the gift and hospitality limit to £25 from £50 in line with similar bodies; • Updating the Policy to include reference to the process for declaring interests for both staff and Board members; and • Clarification that gifts over £25 require line manager approval and should be used for the benefit of the team or department; The Committee were advised that the reviewed Gift and Hospitality Policy was considered and agreed by EMB at its June meeting. The Chief Executive requested that the Summary of Hospitality Rules (appendix 3 of the policy) include what approval authority is required for the Trust's CEO, Non Executive Directors and Chair. The Chair of the Audit Committee advised that he would discuss authorisation rules with the Trust's Chair. **Action: Peter Catchpole** The Committee recommend the revised Gift and Hospitality Policy to the Board for final approval, subject to the suggested changes.
11.5	**<u>Resolved:</u> that** **a) the revised Corporate Governance Manual be recommended to the Board for final approval; and** **b) the revised Gift and Hospitality Policy be recommended to the Board for final approval, subject to the suggested changes.**
12	**Information Governance Progress Update**
12.1	The Committee received and discussed the Information Governance update report which informed the Audit Committee of the progress which has been achieved in the last quarter in the Information Governance (IG) area.
12.2	Progress updates were provided in the following 5 areas: • Data Protection Register; • IG Toolkit v8 Annual Assessment; • IG Toolkit v8 Improvement Plan; • IG Toolkit v8 Internal Audit; • IG Steering Group.
12.3	The Committee was pleased to note the substantial assurance that had been given by the internal audit on the IG Toolkit V8 and congratulated all members of staff involved.
12.4	**<u>Resolved:</u> that** **a) the paper be acknowledged as a progress update;** **b) the final scores of our v8 IG Toolkit assessment be noted;** **c) the position statement of the v8 Improvement Plan be noted;** **d) the outcome on the v8 Internal Audit be noted; and** **e) the Minutes (12/01/11 and 17/03/11) of the IG Steering Group be noted.**
13	**Briefing and Technical Updates**
13.1	<u>Audit Committee Handbook:</u> Internal Audit advised that the Department of Health have issued the Audit Committee Handbook for 2011. And that they would provide a further briefing at the next scheduled Committee meeting. **Action: Kevin Limn**

13.2	**<u>Resolved:</u> that the Briefing and Technical updates be noted.**
14	**Any Other Business**
14.1	The Director of Finance and the Audit Committee expressed thanks to Jackie Dunn, Emma Farlow and Jo Beach for their work involved in the coordination of this Committee meeting; noted that it had been a busy year, acknowledging the work of the Audit Committee and the Trust's External and Internal Auditors; and thanked Steve Horner and Bola Agboola for their work in producing the Trust's Final Accounts for 2010/11.
17	**Next Meeting**
17.1	The next Audit Committee Meeting will be held at 10.30am on 13 October 2011 at NHS Direct, 2nd floor, 120 Leman Street, London, E1 8EU.

Emma Farlow
Finance Governance Lead
July 2011