



**Thurrock
Clinical Commissioning Group**

**Audit Committee Annual Report and
Self-Assessment
April 2016**

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1 INTRODUCTION

- 1.1 As a formal sub-committee of the Governing Body and in accordance with best practice, the Audit Committee presents its Annual Report to the Governing Body. This report will be considered at the Audit Committee on the 18th April 2016 and then will be submitted to the Governing Body to provide assurance that the Committee has been operating effectively and in accordance with its terms of reference.
- 1.2 The NHS Audit Committee Handbook sets out best practice for Audit Committees and recommends that Audit Committees should assess their own performance and effectiveness annually and report the results to the Governing Body. Consideration should be given to a number of over-arching key measures of success, for example:
- What difference has the committee made to the organisation’s governance, risk and control environment?
 - Did the committee encounter any surprises during the year, e.g. Unexpected adverse inspection reports?
 - Did the committee have to re-focus its planned activities during the year – if so was this a proactive decision or reactive reason?
- 1.3 In accordance with the NHS Audit Committee Handbook and good practice guidance, the Audit Committee has therefore also carried out an assessment of its effectiveness during 2015/16.
- 1.4 This report sets out the findings of committee business during the year and that of the self-assessment and establishes the programme of work to address any gap in effectiveness during 2016/17.

2 Committee Governance

- 2.1 The Audit Committee is a formal sub-committee of the Governing Body with defined Terms of Reference. The Terms of Reference were reviewed and ratified at the Governing Body at their meeting on the 23rd December 2015.
- 2.2 There were 6 regular meetings in the period covered by this report (April 2015 – March 2016) all of which were quorate.
- 2.3 The membership of the committee has been as follows:

Member	Title	Attendance
Ms L Buckland	Audit Chair & Lay Member	6/6
Mr L Green	PPI Lay Member	2/2
Mr T Hitchcock	Sessional Lay Member	6/6

- 2.4 The Lay Member (PPI) retired at the end of July 2015 and consequently only attended two meetings during the year. Both the Lay Member (governance) and the

sessional Lay Member attended all other meetings. On one occasion the planned committee was not quorate and so was re-arranged so that all meetings were quorate.

- 2.5 The following officers of the CCG and external representative attended the committee during the year: Chair of the Board (required to attend for 1 meeting), (Acting) Interim Accountable Officer, Chief Finance Officer and Head of Corporate Governance. In addition, the CCGs Internal Auditors (Mazars), External Auditors (Ernst & Young), Local Counter Fraud Specialists (Mazars) attended to present the results of their work during the year.
- 2.6 Attendance of committee members and other invited attendees has been assessed in more detail as part of the self-assessment below.
- 2.7 The terms of reference for the committee has been reviewed again as part of the self-assessment process and approved by the Board in December 2015.

3 Achieving our Role and Compliance with our Terms of Reference

- 3.1 The Committee has reviewed the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the CCG activities through monitoring the Board Assurance Framework, review and approval of key governance policies and review of assurances from external bodies such as Internal Audit, External Audit and the Counter Fraud Service.
- 3.2 Audit Committee members have also reviewed the content of the Annual Governance Statement, endorsing it for submission to NHS England.
- 3.3 The Committee has achieved its role in relation to third party assurance by:
- Considering the provision of the Internal and External Audit services and the associated costs to ensure value for money is achieved.
 - Approving the Internal Audit Strategy, operational plan, Counter Fraud and External Audit Plans.
 - Receiving assurances from the external providers and has considered the findings of report when assessing its own risks
 - The Committee has sought assurances throughout the year as to the adequacy of resources from the external providers.

4 Scope and Methodology of the Self-Assessment

- 4.1 The Healthcare Financial Management Association (HFMA) published an updated Audit Committee Handbook in 2014 that included an Appendix with two checklists to assess the effectiveness of the committee; one designed to focus on committee administration and one to focus on an assessment of how well the committee operated in a number of categories.

4.2 The self-assessment checklists were shared with both the members of the audit committee and those officers who regularly attend as follows:

- Lay member (Governance) – Chair (respondent 1)
- Lay member (Sessional) (respondent 9)
- Accountable Officer (respondent 6)
- Chief Finance Officer (respondent 8)
- Head of Corporate Governance (respondent 7)
- Internal Auditors (respondents 3 and 4)
- Local Counter Fraud Specialist (respondent 2)
- External Auditors (respondent 5)

4.3 NHS Thurrock CCG also operates a policy that all committees complete an assessment of their effectiveness each year, which includes a review of the terms of reference for the committee. A standard assessment form is used for all committees.

4.4 An assessment has also been made of Committee business during the year, the achievements made and assurances provided to the Governing Body in relation to systems of Internal Control.

5 Findings and Conclusions of the Self-Assessment

5.1 The findings of **checklist one: Committee Processes** revealed that the committee is administered and supported appropriately to allow it to receive all relevant assurances on the CCG risk and internal control framework. The following points were however noted:

- In some cases responders who do not attend Board meetings (i.e. Internal and External Audit) were unable to answer questions that referenced involvement of the Board and were unsure about some of the aspects of how the committee functioned.
- All meetings of the committee were quorate, although one meeting during the year was re-arranged to ensure it was quorate.
- Assurance in relation to and mechanisms to keep aware of topical, legal and regulatory issues are inherent within the operation of the committee and within individual reports received from the internal and external auditors.
- The interaction between the audit committee and other committees has developed during the year, however this could be further developed through summary reports for those committees (recorded via committee paper cover sheets).
- It was evident that the Internal Audit Plan considered risks that were appropriate to the CCG, however internal audits were not mapped to the GBAF to specifically link to CCG risk.
- The Internal Auditors confirmed that they complied with the Public Sector Internal Audit Standards; this was documented in a report presented to the audit committee. This needs to be an annual task.
- The audit committee receives reports from the internal and external auditors and key performance indicators are included to report on the performance of the

internal auditors. However, the committee does not formally assess the performance of the auditors.

- Responders were unsure about 'non-audit' work carried out by external auditors; it was confirmed that there has been no 'non-audit' work.
- One responder felt that the audit committee did not formally minute review of accounting policies and practices, estimation techniques, judgements, adjustments and significant variances.

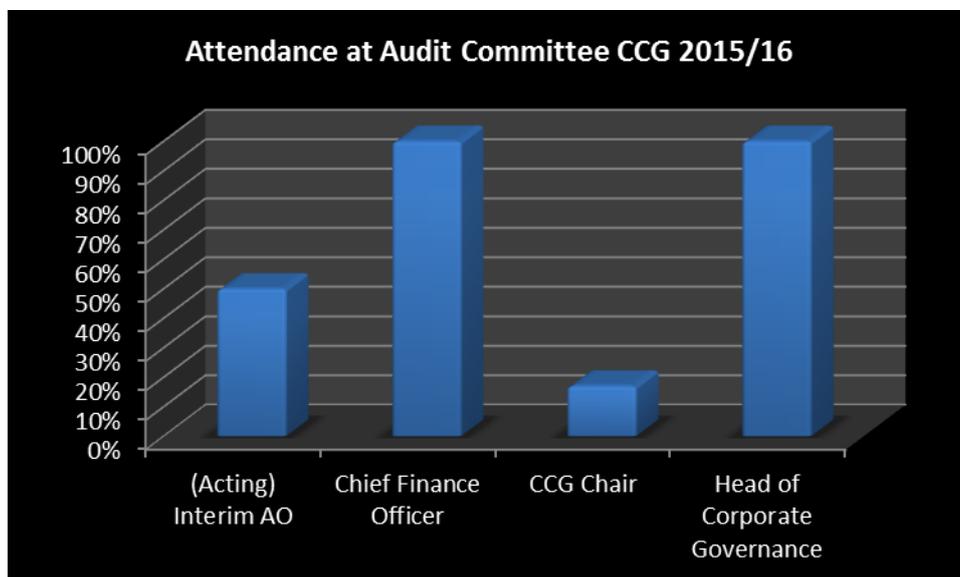
5.2 The findings of **checklist two: Committee Effectiveness** showed that the committee does run effectively, however there are some areas for improvement.

- Other than 'strongly agree' and 'agree', one responder was unable to answer whether the committee made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items on its cycle of business.
- Other than 'strongly agree' and 'agree', one responder was unable to answer whether the committee clearly understands and receives assurances from third parties who provide key functions such as SBS and the CSU.
- Other than 'strongly agree' and 'agree', one responder disagreed that the committee had structured its agenda to cover quality, data quality, performance targets and financial control; commenting that the agenda is not structured in this way, but there was no reason to think that the committee did not cover the aspects mentioned within its overall terms of reference. The current audit committee work plan does not cover areas such as data quality, quality and performance targets, as raised in the previous self-assessment, however the format of the BAF is increasingly focussed on assurances and KPIs, where appropriate.
- Other than 'strongly agree' and 'agree', one responder disagreed and one responder was unable to answer in relation to the committee ensuring that the relevant executive director / manager attends meetings to provide assurances and explanations in relation to reports within their area.
- The work of the committee is clearly defined and minuted, and following the previous assessment there has been some form of summary of agenda items, however this doesn't happen consistently.
- Information is fed back to the Board via audit committee minutes, a suggestion was made whereby more detailed feedback could be given such as a verbal update of the key issues / findings.

5.3 The findings of the NHS Thurrock CCG self-assessment showed that the committee had achieved its objectives as established in the Governing Body approved terms of references set out within the CCG Constitution. There were however some suggestions as to how the committee could be strengthened in the coming year.

- There was some scope for developing the GBAF processes further and how these were presented to relevant Committees and the Board. Moving to a bi-monthly update of the GBAF/CRR would streamline better to Board and Committee meetings.
- It was found that executive leads and external providers were not called to account and present reports to the Audit Committee as often as may be required because of the level of business to be conducted at each meeting.

5.4 Committee attendance was excellent throughout the year and all meetings were quorate. Attendance is depicted in the charts below for information.





6 Recommendations

6.1 In order to track recommendations from previous years, the recommendations from the 14/15 assessment have been included in the table below, with commentary as to progress with implementing the recommendations. Recommendations from the current assessment have been prefixed with the reference SA1516.

Ref	Recommendation	Comments	Who?	When?
SA1	14/15 - The Committee formally considers how it integrates with other Committees that are reviewing risk.	Being Developed – Considered as part of the IGG, QPSC, AC re-arrangement. Further work to be undertaken in how the committees interact.	Chair of Audit Committee / Head of Corporate Governance	30/06/16
SA2	14/15 - Internal Audits are specifically mapped to the GBAF going forward.	Complete	N/A	N/A
SA3	14/15 - The Internal Auditors provide a report outlining how they comply with the Public Sector Internal Audit Standards.	Complete	N/A	N/A
SA4	14/15 - The LCFS be asked to confirm that the Counter Fraud Plan adequately addresses the guidance from NHS Protect.	Complete	N/A	N/A
SA5	14/15 - Outstanding questions for the external auditors be followed up and checked for any aspects of non-compliance.	Complete	N/A	N/A
SA6	14/15 - Management and other assurance providers be asked to attend audit committee meetings as and when required to present reports.	Being developed – Management / Executive Officers attend as required. This is	Chair of Audit Committee / Head of Corporate Governance	30/06/16

Ref	Recommendation	Comments	Who?	When?
		relatively new and is still developing.		
SA7	14/15 - Where possible, at the end of committee meetings, a short time of reflection is held to discuss the outcomes and decisions made in addition to what did and did not work well.	Being developed – not consistently applied.	Chair of Audit Committee	30/06/16
SA8	14/15 - Where limited assurance reports are presented, the relevant executive director is invited to attend the committee to provide any required level of understanding as to the issues identified in the internal audit report.	No Limited Assurance reports presented as yet.	N/A	N/A
SA9	14/15 - Consideration be given to assurances required over data quality and whether additional assurance is required from the Quality and Governance Committee in relation to quality and performance targets.	Now with IGG and being incorporated into the BAF. Further work to be carried out specifically with what information the Audit Committee require.	Head of Corporate Governance / Finance	31/07/16
SA10	14/15 - All relevant Service Auditor Reports be obtained and presented to the audit committee.	Complete	N/A	N/A
SA11	14/15 - The GBAF and risk management processes be reviewed to see how they could be streamlined and how reports to the relevant Committees and Board could potentially be improved.	Complete	N/A	N/A
SA12	14/15 - Risk leads be asked to attend audit committee meetings to present their element of the GBAF on a rolling rota basis.	Complete	N/A	N/A

Ref	Recommendation	Comments	Who?	When?
SA13	14/15 - The External Audit Senior Partner be asked to attend audit committee meetings more frequently.	Complete	N/A	N/A
SA1516/01	Consideration be given to undertaking an assessment of legal and regulatory compliance.	To be carried out during 2016/17	Head of Corporate Governance	31/07/16
SA1516/02	Committee chairs (or lead officers) of other committees are asked to provide a brief outline of key issues within 'cover papers' accompanying their committee minutes.	To commence in 2016/17	Chair of Audit Committee / Head of Corporate Governance	30/06/16
SA1516/03	To include on the audit committee work plan receipt of the internal auditors report confirming compliance with the Public Sector Internal Audit Standards.	Included on Audit Committee Work plan.	N/A	N/A
SA1516/04	A formal assessment of the performance of the internal and external auditors be undertaken during 2016/17.	To schedule a private session of audit committee members without auditors to complete assessment of their performance (May 2016).	Chair of Audit Committee / Head of Corporate Governance	31/05/16
SA1516/05	When presenting the annual accounts, it be formally minuted if there were any changes in accounting policies / practices / standards / estimation techniques / judgements / adjustments or significant variances.	To be minuted at the April / May 2016 meeting.	Chief Finance Officer	31/05/16
SA1516/06	More detailed discussions be held regarding Service Auditor reports and how the findings of the reports impact on the CCG.	To be completed at the February and May 2016 meetings.	Complete, discussed in April meeting.	N/A

Ref	Recommendation	Comments	Who?	When?
SA1516/07	Consideration be given to having a specific Board agenda item where the chair of the audit committee provides verbal feedback on key issues from audit committee meetings rather than relying on the minutes of the meeting.	From the February 2016 Board meeting.	Chair of Audit Committee	30/06/16

RAG Rating:

	Action not yet complete and overdue
	Action not yet complete, but on target
	Action Complete

Appendix A – HFMA Self-Assessment Checklists

Checklist One: Committee Processes

Area / Question	Yes	No	Comments/Action
Composition, establishment and duties			
Does the audit committee have written terms of reference that adequately define the committee's role in accordance with relevant guidance (for example from the Department of Health; NHS England; NHS Trust Development Authority or Monitor)?	✓		Committee Terms of Reference updated annually, considered at this audit committee (January 2016). Also reviewed as part of the self-assessment process.
Have the terms of reference been adopted by the governing body?	✓		Revised terms of reference approved by Governing Body, due to be presented again in February 2016.
Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?	✓		As above. <i>One member unsure if reviewed annually.</i>
Are committee members independent of the management team?	✓		Lay member Governance Lay member PPI, and Sessional Lay Member
Are the outcomes of each meeting; the actions taken and the committee's view on the organisation's systems of internal control reported to the next governing body meeting?	✓		Minutes of the AC are presented to the Board. Rec: specific agenda item for feedback from AC could be included.
Does the committee prepare an annual report on its work and performance in the preceding year for consideration by the governing body?	✓		2014/15 annual report presented to May Board meeting. 2015/16 annual report to be presented to the May 16 Board meeting <i>Two members were not aware that this happened.</i>
Does the committee assess its own effectiveness periodically?	✓		Annual self-assessment
Has the committee established a plan of matters to be dealt with across the year?	✓		Annual work programme prepared, 2016/17 draft presented to February with final programme to be presented to April 2016 meeting.
Are committee papers distributed in sufficient time for members to give them due consideration?	✓		Papers are distributed one week before the committee meeting.
Has the committee been quorate for each meeting this year?	✓		All meetings have been quorate, although one of those meeting had to be re-scheduled to achieve this.

Area / Question	Yes	No	Comments/Action
Compliance with the law and regulations governing the NHS			
Does the committee review assurance and regulatory compliance reporting processes?	✓		Statutory financial compliance reporting processes are reviewed. This needs to be extended to non-financial processes Internal and External Audit reports as well as assurances from other sources and internal reports, co-ordinated via the BAF. <i>One member not sure that this happens formally.</i>
Does the committee have a mechanism to keep it aware of topical, legal and regulatory issues?	✓		Via Internal Audit briefings, Head of Corporate Governance signed up to newsletters etc. Audit Committee Chair attends national forums.
Internal control and risk management			
Has the committee formally considered how it integrates with other committees that are reviewing risk – for example, risk management, quality and clinical governance committees?	✓		QPSC reviews quality and patient safety issues including review of the BAF and clinical governance. IGG review governance issues. Written reporting of this to the Audit Committee could be strengthened further.
Has the committee reviewed the robustness and effectiveness of the content of the organisation's assurance framework?	✓		BAF is reviewed quarterly. Suggest moving to bi-monthly production of the BAF.
Has the committee reviewed the robustness and content of the draft annual governance statement before it is presented to the governing body?	✓		Draft AGS being reviewed at February and April meetings.
Is the committee's role in reviewing and recommending to the governing body the annual report and accounts clearly defined?	✓		The audit committee terms of reference includes the requirement to review the annual governance statement as delegated by the Board. <i>One member stated 'probably, but am not sighted on this'.</i>
Does the committee consider the external auditor's report to those charged with governance including proposed adjustments to the accounts?	✓		The audit committee review the external auditors report.
Internal audit			
Is there a formal 'charter' or terms of reference, defining internal audit's objectives, responsibilities and reporting lines?	✓		A formal Charter exists and is due to be presented to the April meeting.

Area / Question	Yes	No	Comments/Action
Does the committee review and approve the internal audit plan at the beginning of the financial year?	✓		Internal Audit plan approved by the Audit Committee. Draft plan being presented to February meeting, final plan to be presented to April meeting.
Does the committee approve any material changes to the plan?	✓		This is incorporated into the work programme.
Is the committee confident that the audit plan is derived from a clear risk assessment process that links closely to the assurance framework?	✓		There are links to the GBAF, but they could be made clearer by including GBAF references for each audit area.
Does the committee receive periodic progress reports from the Head of Internal Audit?	✓		Internal Audit Progress Report and final reports presented to each Audit Committee Meeting.
Does the committee effectively monitor the implementation of management actions arising from internal audit reports?	✓		Report on the implementation of recommendations presented to the audit committee by the Head of Internal Audit.
Does the Head of Internal Audit have a right of access to the committee and its Chair at any time?	✓		Right of access set out in Charter. Part II meeting held during the year for AC Chair to meeting separately in private with Internal and External Audit.
Is the committee confident that internal audit is free of any scope restrictions and, if not, has it considered the impact of these on the annual Head of Internal Audit opinion?	✓		Internal Audit free of any scope restrictions. Confirmed during private meeting with Audit Committee Chair.
Is the committee confident that internal audit is free from any operational responsibilities or conflicts of interest that could impair its objectivity?	✓		Internal audit to not have any operational responsibilities. This is evidence from the contract being outsourced.
Does the committee hold periodic private discussions with the Head of Internal Audit?	✓		Private discussions held on a regular basis
Has the committee evaluated whether internal audit complies with the <i>Public Sector Internal Audit Standards</i> ?	✓		Report from IA on PSIAS presented in-year. Report due again in April 2016. <i>Two respondents stated 'not sure this has been done formally'.</i>
Has the committee agreed a range of internal audit performance measures to be reported on a routine basis?	✓		Key performance indicators agreed and included in each progress report.
Does the committee receive and review the Head of Internal Audit's annual opinion?	✓		Interim HoIAO being presented at February meeting. Final HoIAO expected at April 2016 meeting.

Area / Question	Yes	No	Comments/Action
External audit			
Do the external auditors present their audit plans and strategy to the committee for agreement and approval?	✓		Audit Plan / strategy presented for approval.
Does the committee receive and monitor actions taken relating to prior years' reviews?	✓		Actions from committee meetings followed up via action log.
Does the committee review the external auditor's ISA 260 report (the report to those charged with governance)?	✓		Report reviewed annually. <i>Two members unsure regarding this.</i>
Does the committee review the external auditor's value for money conclusion?	✓		Report reviewed annually. <i>One member did not know whether this happens.</i>
Does the committee hold periodic private discussions with the external auditors?	✓		Part II meeting held during the year for AC Chair to meet separately in private with Internal and External Audit.
Does the committee assess the performance of external audit?	✓		External Audit reviewed as part of annual audit committee review and report to the Board. <i>Three members were unsure about this.</i> Rec: AC to explicitly review performance of Internal and External Auditors as part of annual report process.
Does the committee require assurance from external audit about its policies for ensuring independence?	✓		The External Audit Plan includes statements on ensuring independence.
Has the committee approved a policy to govern the nature and value of non-audit work carried out by the external auditors?		✓	Currently no 'non-audit' work, Audit Committee agreed to set policy as and when required if non-audit work commissioned. <i>Six members were unsure regarding this.</i>
Does the committee receive information on all non-audit work undertaken by external audit?		✓	Currently no 'non-audit' work. <i>Five members were unsure regarding this.</i>
Does the committee review the proportion of audit and non-audit work every time the external auditors change?	✓		Not applicable as there has been no change of external auditors. This would be carried out as a matter of course. Not formally documented.
Counter (or anti-) fraud and security			
Is the committee aware of NHS Protect requirements	✓		LCFS Services commissioned and keeps the audit committee up to date on

Area / Question	Yes	No	Comments/Action
in relation to counter fraud and security activity?			key issues etc. including NHS Protect.
Does the committee review the planned counter fraud and security work at the beginning of the financial year and in particular its scope and coverage?	✓		Annual plan presented to and approved at April Audit Committee meeting.
Does the committee satisfy itself that the work plan is derived from clear processes based on risk assessments and that coverage is adequate?	✓		Annual Plan explains the methodology by which it was established.
Does the committee receive notification of any material changes to the plan?	✓		No material changes so far this year.
Does the committee receive periodic reports about counter fraud and security activity?	✓		Progress report from LCFS received at each Audit Committee meeting.
Does the committee effectively monitor the implementation of management actions arising from counter fraud and security reports?	✓		Schedule of recommendation follow-up presented to the AC Meetings.
Do those working on counter fraud and security activity have a right of direct access to the committee and its Chair?	✓		Part II meeting held during the year for AC Chair to meeting separately in private with Internal, External Audit and Counter Fraud.
Do those working on counter fraud and security activity have the necessary technical knowledge and experience to ensure that work is carried out as it should be?	✓		Assurances provided by LCFS as part of annual report.
Does the committee receive and review an annual report on counter fraud and security activity?	✓		Annual report to be received at April Audit Committee meeting.
Does the committee receive and discuss reports arising from inspections by NHS Protect in relation to the quality of the counter fraud (and security) provision?	✓		Reports from inspections by NHS Protect would be presented by the LCFS, however there has been none to date
Annual report and accounts and disclosure statements			
Is the committee's role in the approval of the annual report and accounts clearly defined?	✓		As set out in the Audit Committee Terms of Reference.
Is a committee meeting scheduled to discuss proposed adjustments to the accounts and issues arising from the audit?	✓		See timetable for accounts. Audit committee review final accounts before presenting to the Governing Body.
Does the committee specifically review: <ul style="list-style-type: none"> • Changes in accounting policies? • Changes in accounting practice due to changes in accounting standards? • Changes in estimation techniques? • Significant judgements made in preparing the accounts? • Significant adjustments resulting from the 	✓		<p>Explanations provided by CFO as to any changes in accounting policies / practice, estimation techniques, judgements, adjustments and any significant variances.</p> <p><i>One member stated this is not formally reviewed.</i></p> <p>Rec: to ensure review of</p>

Area / Question	Yes	No	Comments/Action
audit? <ul style="list-style-type: none"> Explanations for any significant variances? 			changes/adjustments in policies /standards/accounts etc. are formally minuted.
Does the committee ensure it receives explanations for any unadjusted errors in the accounts found by the external auditors?	✓		External Audit reports on annual accounts. <i>One member stated 'not known'.</i>
Does the committee receive and review a draft of the organisation's annual governance statement?	✓		Initial draft presented to February 2016 meeting, revised draft to be presented to April meeting.
Does the committee receive and review a draft of the organisation's annual report and accounts?	✓		Draft annual report and accounts - expected at the April.
Other issues			
Does the committee provide a summary report of its meetings to the next available governing body meeting?	✓		Minutes of AC meeting provided to next Board meeting. This could be developed further by providing a short report rather than just minutes. <i>One members stated 'not known'.</i>
Has the committee reviewed its performance in the year for consistency with its: <ul style="list-style-type: none"> Terms of reference? Programme for the year? 	✓		Annual review and report to be prepared and reviewed at April meeting to be presented to May Board meeting. <i>One members stated 'not known'.</i>

Checklist Two: Committee Effectiveness

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments / Action
Theme 1 – committee focus						
The committee has set itself a series of objectives it wants to achieve this year.	2	7				Not sure there are any additional/specific objectives other than those in the TOR (8)
The committee has made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items on its cycle of business.	4	4			1	
Committee members contribute regularly across the range of issues discussed.	5	4				
The committee is fully aware of the key sources of assurance and who	4	5				Possibly still some gaps in respect of the

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments / Action
provides them in support of the controls mitigating the key risks to the organisation.						CSU and other service organisation assurances (5)
The committee clearly understands and receives assurances from third parties the organisation uses to manage/ operate key functions –for example, financial services operated by NHS Shared Business Services, other NHS bodies, commissioning support units or private contractors.	4	4			1	
Equal prominence is given to both quality and financial assurance.	6	3				
Theme 2 – committee team working						
The committee has the right balance of experience, knowledge and skills to fulfill the role described in the <i>NHS Audit Committee Handbook</i> .	2	7				Recruitment in year to PPI Member of Committee (1)
The committee has structured its agenda to cover, quality, data quality, performance targets and financial control.	4	4	1			Agenda is not structured in this way but no reason to think that the committee does not cover all aspects within its terms of reference
The committee ensures that the relevant executive director /manager attends meetings to enable it to secure the required level of understanding of the reports and information it receives (i.e. the right executive lead is there to discuss risk and internal matters in their area of responsibility rather than the committee having to rely on the CFO to act as conduit to the executive team).	5	2	1		1	This could be improved and needs to be reviewed in work plan for next year (1) This is not happening on a regular basis (5)
Management fully briefs the committee via the assurance framework in relation to the key risks and assurances received and any gaps in control / assurance in a timely fashion thereby eradicating the potential for ‘surprises’.	4	5				
Other committees provide timely	3	5				

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments / Action
and clear information in support of the committee thereby eradicating the potential for 'surprises'.						
I feel sufficiently comfortable within the committee environment to be able to express my views, doubts and opinions.	4	5				Although this is sometimes difficult given my limited involvement (9)
I understand the messages being given by the organisation's assurance advisors (external audit / internal audit /counter fraud specialists).	4	5				
Internal audit contributes to the debate across the range of the agenda and not just on the papers they present.	5	4				
Members hold their assurance providers to account for late or missing assurances.	5	3	1			See previous comments regarding gaps in assurance (5)
When a decision has been made or action agreed I feel confident that it will be implemented as agreed and in line with the timescale set down.	4	5				
Theme 3 – committee effectiveness						
The quality of committee papers received allows me to perform my role effectively.	4	5				Agree, but all too frequently supplementary papers are issued 1 or 2 days before the meeting (9)
Members provide real and genuine challenge – they do not just seek clarification and/or reassurance.	4	5				
Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints etc.	5	4				
Each agenda item is 'closed off' appropriately so that I am clear what the conclusion is; who is doing what, when and how etc and how it is being monitored.	4	5				A summary at the end of the session was trialled, but doesn't happen regularly (7)
At the end of each meeting we discuss the outcomes and reflect back on decisions made and what worked well, not so well etc.	3	3	2		1	This is not a formal meeting, but members do debrief (1) Could potentially include as final agenda item (7) Each meeting is concluded with 'AOB', but this is not necessarily reflective on what went before.

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments / Action
						(9)
The committee provides a written summary report of its meetings to the governing body.	2	6			1	Via minutes of meetings (1)
The governing body challenges and understands the reporting from this committee.		5	1		3	Minutes are received, but not aware of any questioning around them (7)
There is a formal appraisal of the committee's effectiveness each year which is evidence based and takes into account my views and external views.	5	3			1	
Theme 4 – committee engagement						
The committee actively challenges both management and other assurance providers during the year to gain a clear understanding of their findings.	7	2				Other management should attend at appropriate times
The committee is clear about the complementary relationship it has with other governing body committees that play a role in relation to clinical governance, quality and risk management.	4	5				
The committee receives clear and timely reports from other governing body committees which set out the assurances they have received and their impact (either positive or not) on the organisation's assurance framework.	2	5			2	
I can provide two examples of where we as a committee have focused on improvements to the system of internal control as a result of assurance gaps identified.	3	4			2	
Theme 5 – committee leadership						
The committee Chair has a positive impact on the performance of the committee.	5	3				
Committee meetings are chaired effectively and with clarity of purpose and outcome.	5	3				
The committee Chair is visible within the organisation and is considered approachable.	5	3				
The committee Chair allows debate to flow freely and does not assert his/ her own views too strongly.	4	4				
The committee Chair provides clear and concise information to the governing body on the activities of the committee and the implications of all identified gaps in assurance /	4	3			1	Suggest a specific agenda item at Board for AC Chair to feedback from AC meetings (7)

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments / Action
control.						