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CYMRU
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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	16 January 2020	Agenda Item	2.10
Report Title	Audit Committee Self-assessment and Terms of Reference		
Report Author	Pam Wenger, Director of Corporate Governance		
Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Pam Wenger, Director of Corporate Governance		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to inform the committee of the opinions received as part of the self-assessment. Members are also asked to consider the Audit Committee's Terms of Reference.		
Key Issues	Traditionally the self-assessment is undertaken at the end of each financial year to determine committee members' opinions and its effectiveness during the year.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the report; • NOTE the self-assessment results to inform areas of development for the forthcoming year • CONSIDER the Audit Committee Terms of Reference 		

AUDIT COMMITTEE SELF- ASSESSMENT

1. INTRODUCTION

The purpose of the report is to inform the committee of the process for the annual self-assessment, it also requests that members consider the current Terms of Reference attached as **Appendix 2**.

2. BACKGROUND

All board members are being asked to complete a self-assessment for each committee of which they are a member to determine its effectiveness and ability to discharge its role. The outcome enables the Committee to identify areas of development and focus for the forthcoming year including any training and development, in addition to changes to processes and procedures.

3. GOVERNANCE AND RISK ISSUES

Traditionally the self-assessment is undertaken at the end of each financial year to determine committee members' opinions as its effectiveness during the year.

4. FINDINGS

In the main there was general agreement around the responses. Below are some issues that may need further consideration by the committee;

- Questionnaires were issued to all Audit Committee members and attendees (Nu = 9) and the assessment achieved a response rate of 100% (Nu = 9). Whilst the Independent Members are the 'Members' of the Audit Committee, it was agreed to circulate to the attendees as well and therefore the results of the self-assessment include the views of Counter Fraud, Executive Directors, Internal and External Audit.
- All responses received have been anonymised and are non-attributable. The results have been collated into a summary which is attached at appendix A for consideration by the Audit Committee.
- The key findings and actions to improve effectiveness will form part of the Audit Committee Annual Report to the Board.
- A number of the responses in the 'unable to answer' category were provided by the attendees as often the individuals would not have been part of the discussions. There are no areas of concern reported in this category.

Considerations for the Committee

- Overall the responses were very positive with the majority of questions receiving either '*strongly agree*' or '*agree*'.
- Questions that received a negative response (disagree or unable to answer) ought to be awarded time for consideration by Audit Committee members and attendees.
- With the exception of questions 13, 17, 19, 42, 44, 47 and 73, all answers that received a '*disagree*' were significantly weighted in favour of a generally positive response (these questions are listed below for ease).

13. *Do we use assurance mapping to target the areas of greatest risk in our organisation?*
17. *Does the committee receive a review the evidence required to demonstrate compliance with regulatory requirements – for example, as set by the Health Inspectorate Wales, Wales Audit Office, HSE etc?*
19. *Has the committee reviewed key data against the data quality dimensions?*
42. *Does the committee hold periodic private discussions with external auditors?*
44. *Has the committee approved a policy to govern the value and nature of non-audit work carried out by the external auditors?*
47. *If the committee is responsible for monitoring clinical audit has it:*
 - a) *Reviewed an annual clinical audit plan?*
 - b) *Received regular progress reports?*
 - c) *Monitored the implementation of management of actions?*
 - d) *Received a report over the quality assurance processes covered by clinical audit activity?*
73. *At the end of each meeting the committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc.*

There are a number of key themes that the Audit Committee will wish to consider the following:

- The development of the Board Assurance Framework will help in terms of the effectiveness of the committee and assist the independent members discharge their responsibilities;
- The role of Clinical Audit has been highlighted as a lack of understanding whether this is a responsibility of Audit Committee;
- Reflection of the meeting does not take place but could follow a similar format to that of the Board Meetings? This could include a review of the timing of the meeting as there are some comments made in relation to the meetings 'over running' on occasions;
- Regular meetings with the Auditors to be formally scheduled

48. FINANCIAL IMPLICATIONS

There are no financial implications to note.

49. RECOMMENDATION

Members are asked to:

- **NOTE** the self-assessment results to inform areas of development for the forthcoming year.
- **CONSIDER** the current Terms of Reference.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
Ensuring the board committee structure is an effective part of the governance arrangements is key to quality, safety and patient experience.		
Financial Implications		
There are no financial implications.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications.		
Staffing Implications		
There are no staffing implications.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Ensuring the board committee structure is an effective part of the governance arrangements aligns with the health board's long-term future.		
Report History	The self-assessment is an annual process.	
Appendices	Appendix one – the self-assessment results Appendix two – Terms of Reference	