

AGENDA

AUDIT AND RISK COMMITTEE

A meeting of the Audit and Risk Committee will be held on Thursday 12 September 2019 at 3.30pm in the Carnegie Conference Centre, Dunfermline

Papers highlighted in purple font have not been published with the agenda as they are either due for future publication or are not in the public domain.

No	Item	Action	Lead	Pages
1	Welcome, Apologies and Declarations of Interests	Note	SM	N/A
2	Minutes of the Previous Meeting: 6 June 2019	Approve	SM	
3	Matters Arising / Actions Outstanding	Note	SM	2-3
4	Internal Audit:			
	4.1 Update on Internal Audit Actions: Exception Report	Note	IA	
	4.2 Internal Audit Annual Report	Note	IA	
5	Health and Safety Compliance Audit	Note	HH	
6	Response to Letter from External Auditor	Approve	HH	
7	2017-18 Institutional Efficiency Return	Note	HH	4-6
8	Strategic Risk Register 2019-20	Approve	HH	7-13
9	Annual Update Reports			
	9.1 Whistleblowing	Note	MP	
	9.2 Fraud Prevention Policy and Response Plan: Register of Losses	Note	MP	
10	Self-Evaluation 2018-19: Feedback	Discuss	SM	14-20
11	Date of Next Meeting Thursday 21 November 2019 at 1.30pm Carnegie Conference Centre, Dunfermline	Note	SM	N/A



Board of Governors: Audit and Risk Committee

Actions Outstanding / Progress Made

Key:

	Outstanding and deadline passed
	Progressing and on target
	Complete

	Date of Meeting	Action	Responsibility	Deadline	Status	Comments
1	07.06.18	All Audit and Risk Committee members to undertake the Audit Committee online training modules offered by the College Development Network and advise the Director: Governance and Compliance once complete.	All Committee Members	31.12.18		3 members have completed. 2 members are outstanding. Agree new deadline for completion
2	14.03.19	To add Mental Health risk to the Board Development day agenda.	M Philp	01.05.19		Complete - Development Day 4 September 2019
3	06.06.19	To send the dates of the NED Forum/Seminars to the Director: Governance and Compliance for circulating to the Committee members.	Internal Auditors	30.06.20		The NED Forum events planned for Sept/Oct 2019 did not go ahead. These will be arranged in due course and information will be circulated once available.
4	06.06.19	To circulate the shared vision document relating to the new Dunfermline campus.	Principal	30.06.19		Complete
5	06.06.19	To approve the internal audit plan for 2019-20.	Internal Auditors	01.08.19		Complete
6	06.06.19	To approve the accounting policies.	S Dunsmuir	31.07.19		Complete
7	06.06.19	To review the wording of risk 12 (relating to implementation of GDPR and the Data Protection Act 2018) and score it accordingly and give an update at the next meeting.	S Dunsmuir / M Philp	12.09.19		Complete. Update on today's agenda
8	06.06.19	To receive an update on assurance mapping at the next meeting.	S Dunsmuir	12.09.19		Work on assurance mapping is progressing but has not been prioritised due to other work. It is proposed that a brief update be given at the November 2019 meeting, with a

	Date of Meeting	Action	Responsibility	Deadline	Status	Comments
						comprehensive update given at the March 2020 meeting.
9	06.06.19	To issue the Performance and Effectiveness Review checklist for email for completion by members. Results to be collated and circulated with papers for the next meeting.	M Philp	30.06.19	👍	Complete. Update on today's agenda
10	06.06.19	To discuss with the Chief Financial Officer opportunities for summarising the internal audit reports to reduce the amount of reading and avoid duplication.	Internal Auditors / S Dunsmuir	31.08.19	👍	Complete. There were more IA reports than normal at the last meeting due to the timetabling of IA work. These will be more evenly spread moving forward which may self-resolve this issue. We have agreed that we will look at the number of reports going to each committee and if there is any more than 3 reports on the agenda, we will look to combine/summarise the reports where appropriate



COVER SHEET FOR PAPERS TO BE CONSIDERED BY THE BOARD

Institutional Efficiency Return 2017-18	
Date of Meeting:	Thursday 12 September 2019
Purpose:	This presents the Fife College Institutional Efficiency return to SFC for 2017-18.
Intended Outcome:	To provide Audit and Risk Committee members with an update on the institutional efficiency return submitted to SFC for 2017-18.
Paper Submitted by:	Susan Dunsmuir, Chief Financial Officer
Prior Committee Approvals:	N/A
Financial Implications:	N/A
Equality and Diversity Implications:	N/A
Risks Assessed:	N/A
Publicly Available:	Yes
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Date of Production:	23 August 2019

BOARD OF GOVERNORS OF FIFE COLLEGE

Audit and Risk Committee

Institutional Efficiency Return 2017-18

1 Introduction

A request was issued by Scottish Funding Council (SFC) to all Colleges to provide details of their contribution to the Scottish Government's efficiency objectives, for the financial year 2017-18.

The following paper outlines the request and approach taken by Fife College in response to this.

2 Background

Scottish Ministers expect every public body to deliver efficiency savings of at least 3% in each year of the spending review and to report publicly on the actions taken and the results achieved.

This efficiency programme allows public bodies to demonstrate where appropriate, how and to what extent they have used efficiencies to protect quality and level of services and maintained outputs and outcomes in the face of budget cuts.

The SFC is required by the Scottish Government to publish an annual statement of efficiencies.

SFCs annual statement of efficiencies maybe subjected to review by Audit Scotland therefore, SFC have recommended as part of ensuring the robustness of the efficiency information a review of the underlying process and information should be within the scope of the Audit Committee's remit.

Please see the below link for fuller details of the SFC request.

http://www.sfc.ac.uk/web/FILES/callsforinformation_sfcci022019/SFCCI022019_Institutional_Efficiency.pdf

3 Fife College Institutional Efficiency Return 2017-18

As part of our approach to collating this information we had discussions with SFC and other colleagues across the College sector to ensure where possible we were being consistent in our approach to this.

A review was completed of the annual accounts comparing the 2017/18 non staff expenditure categories to the 2016/17 position to identify any significant variances. Specific areas looked at were Estates and Academic Faculties non-staff spend. In addition to this we also reviewed the staff restructuring changes that occurred during 2017/18.

The following efficiencies were we identified and reported to SFC:

- Asset sale proceeds - £210k (RPH)
- Estate rationalisation savings efficiencies from asset sales - £25k
- Restructuring efficiency savings - £1.2m
- Non-staff spend within the academic faculties - £226k
- Savings on leasing arrangements - £15k
- Value for money savings on our local procurement activity - £1,328k

The total VFM on our local procurement activity for 2017-18 of £1.3m was calculated using the Procurement Benefits Reporting Guidance recently reviewed by the Higher Education Procurement Association (HEPA). As the scope of requirements changes with each contract re-let, comparison against price previously paid is not appropriate therefore all calculations were based on BT1 Direct Price Based Savings where no existing contract exists. All values are for the anticipated savings over the duration of the contract, including extensions.

The two most significant savings of this financial year were delivered from two high value contracts: Datacentre and Catering Services. The Datacentre was a simple direct comparison of tendered costs whilst Catering included a mix of direct Comparison (BT1), Added Value & Cost Removal (BT10) and Sustainability (BT14) savings with some recurring annual savings as highlighted in the return.

The total efficiencies identified above and submitted to SFC are £2,997k split as follows:

- Annual cash efficiencies £2,787k
- One-off cash efficiencies £210k

While we have identified cash savings, it has been noted to SFC that all of these efficiencies have been recycled within the College.

An efficiency of 3% on the revenue funding we received from SFC for the year 2017/18 would be £1.3m. The efficiencies we have identified achieve in excess of that at 7%.

4 Recommendation

Audit and Risk Committee members are invited to note the above process and results reported.



COVER SHEET FOR PAPERS TO BE CONSIDERED BY THE BOARD

Strategic Risk Register 2019-20	
Date of Meeting:	Thursday 12 September 2019
Purpose:	To present to the Audit and Risk Committee the updated Strategic Risk Register 2019-20.
Intended Outcome:	Audit and Risk Committee Members are invited to approve the Strategic Risk Register for 2019-20, as well as review the controls in place for the top 13 risks and give assurance to the Board that the risks are being appropriately controlled by Management.
Paper Submitted by:	Susan Dunsmuir, Chief Financial Officer
Prior Committee Approvals:	N/A
Financial Implications:	N/A
Equality and Diversity Implications:	N/A
Risks Assessed:	N/A
Publicly Available:	Yes
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Date of Production:	27 August 2019

BOARD OF GOVERNORS OF FIFE COLLEGE

Audit and Risk Committee

Strategic Risk Register 2019-20

1 Introduction

The Strategic Risk Register is required to be monitored and reviewed on a quarterly basis by the Executive Team, in order to give assurances to the Board of Governors, via the Audit and Risk Committee, that the risks are being appropriately controlled by Management.

2 Considerations of Executive Team

A review of the Strategic Risk Register has been carried out to reflect the situation as at Quarter 1 (August – October 2019) and an updated version of the overall Risk Register has been included within this paper (Appendix 1). The summary below details those risks where significant changes have been made, however all individual risk sheets, including those where minor or no changes have been made, can be accessed via the following link: [Risk and Opportunities Register 2019-20](#). References to Departmental Risk Registers have been updated to reflect the new risk registers for 2019-20.

The Executive Team considers the Strategic Risk Register to be a live document, therefore will continue to review and update the risks each quarter to reflect the current position. Regular updates will continue to be provided to the Audit and Risk Committee and Board of Governors where appropriate.

The following changes have been made to the Strategic Risk Register:

Risk 6 – Failure to develop capacity and skills mix that fits the strategy

An update on some of the preventative control measures put in place to reduce the likelihood and impact of the risk was noted. This included reference to the introduction of a CLPL platform which will enable access to learning which will facilitate tracking and progression to other learning opportunities and link to career pathway development.

No change to the risk scoring was considered necessary.

Risk 9 – Failure to achieve cohesive culture

An update on some of the control measures put in place to reduce the likelihood and impact of the risk was noted. This included reference to the new Occupational health and associated services provision now being available as part of the CLPL activity, continuation of learning opportunities to enable Managers to be consistent in their application of HR processes and procedures and enhanced CLPL delivery based on career pathways.

No change to the risk scoring was considered necessary.

Risk 11 – Failure to take steps to protect systems from remote attacks launched over the internet. Steps may be technical or procedural in nature. Technical steps more easily addressed than procedural steps which require buy in from staff and learners across the College

The description for this risk previously read as above, however to take into account that this risk relates to more than cyber risks, it has been updated to now read as follows:

“Failure to take steps to maintain reliable IT infrastructure and to protect systems from attacks and misuse, possibly remotely over the internet. Steps may be technical or procedural in nature. Technical steps more easily addressed than procedural steps which require buy in from staff and learners across the College.”

No change has been made to the detail or scoring of this risk. An update has been provided on the further actions.

Risk 12 – Failure to implement policies and procedures that take account of the changes to the General Data Protection Regulations (GDPR) and the new Data Protection Act (DPA) which come into force in May 2018

The description for this risk previously read as above and related to failing to have things in place by May 2018 to fully comply with GDPR/Data Protection legislation that was coming into force. Now that the implementation date has passed, the risk to the College regarding this breach is no different to any other statutory breach, therefore it was felt that this risk should be updated to ensure that the College fully complies with all statutory legislation rather than focusing solely on GDPR.

Taking into account the above, the description of risk 12 has been updated and now reads as follows:

“Failure to fully comply with statutory or regulatory requirements”

Due to the scope of this risk and the different areas it covers, it was agreed that this risk would be owned by the Executive Team, rather than one specific person.

All sections of the risk have been updated, including the control measures put in place to reduce the likelihood and impact of the risk. Without any control measures in place, the likelihood and impact of this risk has increased the total risk score to 25 and therefore resulting in the gross risk status changing to severe. Taking into account the remedial and preventative control measures that have been put in place, the likelihood and impact of this risk has decreased, reducing the total risk score to 15, and therefore resulting in the net risk status reducing to high.

3 Recommendation

The 2019-20 Strategic Risk Register has been updated based upon the above and is presented to the Audit and Risk Committee for approval. The Audit and Risk Committee is asked to consider the following:

- The risks included in the register;
- The change to, and revised risk rating, of risk 12
- Whether any other risks should be considered for removal; and
- Whether any new risks should be considered for inclusion.

Audit and Risk Committee members are invited to review the controls in place for the top risks and give assurance to the Board of Governors that the risks are being appropriately controlled by management.

RISKS 2019-20							RISK MANAGEMENT					ACCOUNTABILITY					
RISK REFERENCE	STRATEGIC OBJECTIVE	RISK DESCRIPTION	GROSS IMPACT ANALYSIS				CURRENT RISK MANAGEMENT STRATEGY (what already happens now)	Strength (S,M,W)	NET IMPACT ANALYSIS			Net Risk	Further Action Required	Risk Owner & Timetable	Assurances Available	Changes processed since last risk register	Risk Status
			Impact	Likelihood	Gross Risk Score	Gross Risk			Impact	Likelihood	Net Risk Score						
1	Estates	Failure to implement effective financial planning and control regarding estates and deliver outcomes for the College	4	4	16	High	Implement existing Estates Strategy, reviewed December 2017. Rationalise and maintain existing estate. Budgeting and longer term financial planning to identify and accumulate resources for estate realisation. In light of changes in the New Build Project continued dialogue with SFC to obtain additional longer term maintenance funding for Fife estate, ensuring the correct condition survey information is used as a basis for the SFC funding allocations.	S	3	3	9	Moderate	Continue to implement Estates Strategy. To continue to lobby SFC for additional backlog maintenance funding. Funding received for 2018-19. Further funding received for 2019-20. The college will review the backlog required once this has been completed.	S Reekie	RPH sold. Vacating Rosyth being progressed.		→
2	Finance	Failure to achieve annual financial targets in line with the five year financial forecast plan.	4	3	12	High	Review of cost base to align rising costs and real time funding cuts as indicated within SFC funding assumptions and SG sector draft budget. Rigorous budgeting and ongoing reporting against budget. Ongoing drive for efficiencies and realisation of "invest to save". Effective planning and recruitment processes. Ensure SFC and SG are aware that any additional costs incurred to progress the New Build Project will require to be fund from SFC/SG.	M	3	3	9	Moderate	Continuing review of processes and systems for further efficiencies. Updated 5 year FFR underway due to SFC on the 27th of September 2019. Continue to lobby SFC on additional pension costs after March 2020. Ensure as part of the New Build business case completion the College Finance team play a key role in reviewing the financing arrangements of the project costs and the ongoing financing model for the build once complete.	S Dunsmuir	Monthly budget/performance meetings.		→
3	Curriculum Design and Development	Failure to make use of current and emerging technology and to be in a position to continuously enhance digital capability to enhance teaching modes in the way learners and all stakeholders expect.	4	3	12	High	Enhancement of Digital Capability through targeted investment in physical and human resources	M	3	3	9	Moderate	Creation of longer-term strategy. A digital investment request process/Digital Strategy Group has been implemented to facilitate discussions between digital services and staff requiring ICT equipment. Investment in Learning, Teaching & Quality Enhancement, including review of roles and responsibilities. Agree financial flexibility for variation / replacement of equipment.	D Leslie	Student and external Stakeholders feedback.		→
4	Health and Safety	Failure to focus on wider wellbeing of staff and students.	4	3	12	High	Ongoing engagement with staff and student body. Always giving Health & Safety agenda priority.	S	3	2	6	Moderate	Improved uptake of Near Miss reporting. Review Health & Safety Committee Structure. Roll out of Workshop PPE Signage. External H&S audit to be commissioned.	S Reekie	Continuing safety inspections. Involvement of student representatives on Health and Safety and Wellbeing Action Group.		→

RISKS 2019-20							RISK MANAGEMENT					ACCOUNTABILITY					
RISK REFERENCE	STRATEGIC OBJECTIVE	RISK DESCRIPTION	GROSS IMPACT ANALYSIS				CURRENT RISK MANAGEMENT STRATEGY (what already happens now)	Strength (S,M,W)	NET IMPACT ANALYSIS			Net Risk	Further Action Required	Risk Owner & Timetable	Assurances Available	Changes processed since last risk register	Risk Status
			Impact	Likelihood	Gross Risk Score	Gross Risk			Impact	Likelihood	Net Risk Score						
5	Curriculum Design and Development	Failure to achieve student recruitment targets across GIA and Non-GIA income activity and to deliver relevant, inclusive and sustainable regional curriculum, including ensuring successful outcomes for all students.	4	3	12	High	Robust curriculum planning and cross reference to Outcome Agreement. Equal priority given to GIA and commercial income. Effective strategic collaboration with partner organisations. Realistic target setting and constant monitoring of recruitment against target. Integration of full cost and GIA activity with alignment of curriculum offering.	M	3	3	9	Moderate	Strategic curriculum planning tied to Regional Outcome Agreement. Duplicate facilities / establish strict sharing arrangements, including with external partners. Include flexibility in design to allow for variety of flexible learning and training spaces. Effective planning and recruitment processes. Integrated marketing plans with curriculum and business development teams.	D Leslie	Student and external Stakeholders feedback		→
6	Staff	Failure to develop capacity and skills mix that fits the strategy.	4	3	12	High	Curriculum planning cross referenced to staffing and estates requirements.	M	2	2	4	Low	Refocus of CLPL through the introduction of a CLPL Team responsible for this activity for all staff.	Z Franklin-Hills	Annual PDR process in place with a refreshed on line version to be introduced. Workforce plan in draft for ET and Board approval based on the Fair Work Convention.		→
7	Finance	Risk of external political/funding/regulatory changes.	4	4	16	High	Remain abreast of sectoral/governmental developments, liaison with auditors and response to SFC circulars. Remain abreast with developments on the New Build campus funding model and financing arrangements agreed with SFC/SG.	M	3	3	9	Moderate	Maintain a flexible compliant approach to planning. To maintain ongoing dialogue with SFC/Estates Project Team.	S Dunsmuir	Maintain ongoing dialogue with SFC/auditors/Finance Community of Practice.		→
8	Commercial Income	Risk that we fail to achieve and grow commercial income in line with the five year financial forecast plans.	4	4	16	High	Monitor complete curriculum offering. Constant review of KPI's. Ensure estates team are kept abreast with estates related enhancements/changes required to support delivery. Monitor complete curriculum offering. Constant review of KPI's.	M	3	3	9	Moderate	Integration of full cost and GIA activity. Creation of sales plans per faculty area directing focus on target markets.	S Dunsmuir	Targets achieved.		→
9	Staff	Failure to achieve cohesive culture.	4	4	16	High	Development of culture through the refreshed vision and values and adhering to the Fair Work Convention	M	2	3	6	Moderate	Continue to improve communications and undertake a second staff survey.	Z Franklin-Hills	Effective consultation and negotiation with the recognised Trade Unions.		→
10	Curriculum Design and Development	Failure to achieve positive transitions for students and to create attractive and motivating learning environment for progressive learner journey.	4	3	12	High	Maintain a relevant and future focused regional curriculum based on up to date LMI and active, collegiate relationships with partner organisations.	M	3	3	9	Moderate	Further develop efficient and effective curriculum pathways. Introduce flexibility in building design to support variety of learning and teaching contexts and approaches to increase accessibility.	D Leslie	External stakeholders feedback.		→

RISKS 2019-20							RISK MANAGEMENT					ACCOUNTABILITY					
RISK REFERENCE	STRATEGIC OBJECTIVE	RISK DESCRIPTION	GROSS IMPACT ANALYSIS				CURRENT RISK MANAGEMENT STRATEGY (what already happens now)	Strength (S,M,W)	NET IMPACT ANALYSIS			Net Risk	Further Action Required	Risk Owner & Timetable	Assurances Available	Changes processed since last risk register	Risk Status
			Impact	Likelihood	Gross Risk Score	Gross Risk			Impact	Likelihood	Net Risk Score						
11	Information Technology	Failure to take steps to maintain reliable IT infrastructure and to protect systems from attacks and misuse, possibly remotely over the internet. Steps may be technical or procedural in nature. Technical steps more easily addressed than procedural steps which require buy in from staff and learners across the College.	5	3	15	High	Digital Strategy specifically highlights Cyber Resilience and Digital Capabilities. Accordingly a programme of outreach to staff and learners is in place to highlight risks and train staff to minimise their exposure. Technical measures are a core part of the Infrastructure Team's remit and ongoing monitoring activities are in place to identify and respond to incidents when they are detected.	M	3	2	6	Moderate	New post is in place to develop and implement college-wide initiatives relating to Cyber Resilience and Cyber Security, including awareness raising and training initiatives. These will be backed by KPIs identifying completion rates and the incidence of cyber breaches. Development of playbooks / response plans to cover common Cyber or IT incidents are dealt with correctly	K Getchell	Targets achieved.		→
12	Governance	Failure to fully comply with statutory or regulatory requirements.	5	5	25	Severe	Mandatory Training in place for all staff, relevant policies and procedures in place with updates communicated with staff regularly. CPD and staff workshops. Access by key staff to seek advice as required (eg College solicitors, insurers, police, H&S Executive, Scottish Information Commissioner's Office, Information Commissioner's Office, UK Visa and Immigration Office)	M	5	3	15	High	Regular H&S and DP audits and briefings to be undertaken. Ongoing reviews of policies, procedures and arrangements to ensure compliance / learn from experiences/good practice.	Executive Team (S Reekie, D Leslie, S Dunsmuir, K Getchell, M Philp)	Main policies and procedures approved. Agreements re data sharing/processing being put in place. Internal Audits cover all key areas of strategic risk on a rolling basis		↗
13	Estates	Failure to deliver new appropriate accommodation in Dunfermline and deliver outcomes for the College.	4	2	8	Moderate	Progress New Halbeath Campus as part of Integrated Campus with Fife Council/University.	M	3	2	6	Moderate	Continue to engage with all stakeholders to secure funding model.	S Reekie	Integrated Campus Masterplan commenced. Governance model with all stakeholders put in place.		→



COVER SHEET FOR PAPERS TO BE CONSIDERED BY THE BOARD

Performance and Effectiveness Review	
Date of Meeting:	Thursday 12 September 2019
Purpose:	To review the feedback from the Performance and Effectiveness Review of the Audit and Risk Committee.
Intended Outcome:	To note the feedback received and to agree any changes required as a result.
Paper Submitted by:	Marianne Philp, Director: Governance and Compliance
Prior Committee Approvals:	N/A
Financial Implications:	N/A
Equality and Diversity Implications:	N/A
Risks Assessed:	N/A
Publicly Available:	Yes
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Date of Production:	2 September 2019

BOARD OF GOVERNORS OF FIFE COLLEGE

Audit and Risk Committee

Performance and Effectiveness Review

Role and remit	Yes/No/NA	Comments/Action
Does the committee have written terms of reference?	Yes x 4 NA x 1	<ul style="list-style-type: none"> • Never seen • The remit is published on the College website
Do the terms of reference cover the core functions of an audit committee as identified in the <i>SG Audit Committee</i>	Yes x 4 NA x 1	<ul style="list-style-type: none"> • Never seen • It's a straight lift from the Handbook dated March 2018
Are the terms of reference approved by the committee and reviewed periodically?	Yes x 4 NA x 1	<ul style="list-style-type: none"> • Never seen • Reviewed annually (September 2018)
Has the committee been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes x 4	<ul style="list-style-type: none"> • Subject to not knowing the terms of reference • Unable to identify any issues with membership, authority or resources
Does the body's statement on internal control mention the audit committee's establishment and its broad purpose?	Yes x 4 NA x 1	<ul style="list-style-type: none"> • Never seen • The College complies with the Code of Good Governance for Scotland's Colleges, which describes the role of the audit committee at section C
Does the audit committee periodically assess its own effectiveness?	Yes x 5	<ul style="list-style-type: none"> • Through this document
Membership, induction and training	Yes/No/NA	Comments/Action
Has the membership of the committee been formally agreed by the board of governors and has a quorum been set?	Yes x 5	<ul style="list-style-type: none"> • Confirmed at last full meeting
Are members appointed for a fixed term?	Yes x 4 No x 1	<ul style="list-style-type: none"> • Insofar as the Board terms are agreed. This issue has been addressed with rotations to maintain fresh challenge • Confirmed at last full meeting
Does at least one of the committee members have a financial background?	Yes x 5	<ul style="list-style-type: none"> • Susan Mitchell
Are all members, including the chair, independent of the executive function?	Yes x 5	

Are new committee members provided with an appropriate induction?	Yes x 4 No x 1	• I've had no induction and still have to understand what my remit on the Committee is
Has each member formally declared his or her business interests?	Yes x 5	
Are members sufficiently independent of the other key committees of the Board?	Yes x 5	
Has the committee considered the arrangements for assessing the attendance and performance of each member?	Yes x 3 NA x 2	
Meetings	Yes/No/NA	Comments/Action
Does the committee meet regularly, at least four times a year?	Yes x 5	
Do the terms of reference set out the frequency and broad timing of meetings?	Yes x 4 NA x 1	
Does the committee calendar meet the body's business and governance needs, as well as the requirements of the financial reporting calendar?	Yes x 4 NA x 1	
Are members attending meetings on a regular basis and if not, is appropriate action taken?	Yes x 5	
Does the Accountable Officer attend all meetings and, if not, is he/she provided with a record of discussions?	Yes x 5	
Does the committee have the benefit of attendance of appropriate officials at its meetings, including representatives from internal audit, external audit and finance?	Yes x 5	
Internal control	Yes/No/NA	Comments/Action
Does the committee consider the findings of annual reviews by internal audit and others, on the effectiveness of the arrangements for risk management, control and governance?	Yes x 5	• Direct link between internal audit and strategic risk register
Does the committee consider the findings of reviews on the effectiveness of the system of internal control?	Yes x 5	
Does the committee have responsibility for review of the draft governance statement and does it consider it separately from the accounts?	Yes x 5	

Does the committee consider how accurate and meaningful the governance statement is?	Yes x 5	<ul style="list-style-type: none"> Briefly But perhaps not regularly?
Does the committee satisfy itself that the arrangements for risk management, control and governance have operated effectively throughout the reporting period?	Yes x 5	<ul style="list-style-type: none"> It tries but without seeing the terms of reference, I don't know how effectively This given the recent broadening of risk scope to include post-risk occurrence
Has the committee considered how it should coordinate with other committees that may have responsibility for risk management and corporate governance?	Yes x 4 No x 1	<ul style="list-style-type: none"> Regularly advised/monitored by Board Secretary Not formally
Has the committee satisfied itself that the body has adopted appropriate arrangements to counter and deal with fraud?	Yes x 5	
Has the committee been made aware of the role of risk management in the preparation of the internal audit plan?	Yes x 5	<ul style="list-style-type: none"> At a high level
Does the committee's terms of reference include oversight of the risk management process?	Yes x 4 NA x 1	
Does the committee consider assurances provided by senior staff?	Yes x 5	<ul style="list-style-type: none"> May rely too heavily on those assurances Considered, tested and challenged
Does the committee receive/ consider stewardship reports from senior staff in key business areas such as Finance, HR and ICT?	Yes x 5	<ul style="list-style-type: none"> May rely too heavily on those assurances
Financial reporting and regulatory matters	Yes/No/NA	Comments/Action
Is the committee's role in the consideration of the annual accounts clearly defined?	Yes x 4 NA x 1	<ul style="list-style-type: none"> Not seen the remit
Does the committee consider, as appropriate:		
· the suitability of accounting policies and treatments	Yes x 5	<ul style="list-style-type: none"> Believe to be true
· major judgements made	Yes x 5	<ul style="list-style-type: none"> Challenged and tested
· large write-offs	Yes x 4 NA x 1	<ul style="list-style-type: none"> There has not been any as yet There hasn't been any large write-offs
· changes in accounting treatment	Yes x 3 NA x 2	<ul style="list-style-type: none"> Unaware

· the reasonableness of accounting estimates	Yes x 3 No x 1 NA x 1	
· the narrative aspects of reporting?	Yes x 4 No x 1	<ul style="list-style-type: none"> • Not that I have seen • Edited as advised by Committee
Is a committee meeting scheduled to receive the external auditor's report to those charged with governance including a discussion of proposed adjustments to the accounts and other issues arising from the audit?	Yes x 5	
Does the committee review management's letter of representation?	Yes x 4 NA x 1	<ul style="list-style-type: none"> • Not aware of such a letter
Does the committee gain an understanding of management's procedures for preparing the body's annual accounts?	Yes x 4 NA x 1	
Does the committee have a mechanism to keep it aware of topical legal and regulatory issues?	Yes x 3 No x 2	<ul style="list-style-type: none"> • I've never been asked nor have I seen legal advice • Not formal
Internal audit	Yes/No/NA	Comments/Action
Does the Internal Auditor representative attend meetings of the committee?	Yes x 5	<ul style="list-style-type: none"> • And encouraged to contribute beyond internal audit reports
Does the committee approve, annually and in detail, the internal audit plans including consideration of whether the scope of internal audit work addresses the body's significant risks?	Yes x 5	<ul style="list-style-type: none"> • Believe to be true
Does internal audit have a direct reporting line, if required, to the committee?	Yes x 5	
As well as an annual report from the Internal Audit representatives, does the committee receive progress reports from the internal audit service?	Yes x 5	

Are outputs from follow-up audits by internal audit monitored by the committee and does the committee consider the adequacy of implementation of recommendations?	Yes x 5	<ul style="list-style-type: none"> • Could do better • Recently tightened up Exec target setting to more realistic. To avoid task completion over-runs
If considered necessary, is the committee chair able to hold private discussions with the Internal Audit representative?	Yes x 5	<ul style="list-style-type: none"> • Believe to be true • Encouraged
Is there appropriate co-operation between the internal and external auditors?	Yes x 5	
Does the committee review the adequacy of internal audit staffing and other resources?	Yes x 4 NA x 1	<ul style="list-style-type: none"> • Not aware of any consideration having taken place
Are internal audit performance measures monitored by the committee?	Yes x 5	
Has the committee considered the information it wishes to receive from internal audit?	Yes x 5	
Do formal terms of reference exist defining internal audit's objectives, responsibilities, authority and reporting lines?	Yes x 3 No x 1 NA x 1	<ul style="list-style-type: none"> • Not seen • At the time of appointment • Not formally
External audit	Yes/No/NA	Comments/Action
Does the external audit representative attend meetings of the committee?	Yes x 5	<ul style="list-style-type: none"> • Usefully participates and comments
Do the external auditors present and discuss their audit plans and strategy with the committee (recognising the statutory duties of external audit)?	Yes x 5	
Does the committee chair hold periodic private discussions with the external auditor?	Yes x 4 NA x 1	<ul style="list-style-type: none"> • Unknown • Also ad hoc as requested by external auditor
Does the committee review the external auditor's annual report to those charged with governance?	Yes x 5	
Does the committee ensure that officials are monitoring action taken to implement external audit recommendations?	Yes x 5	<ul style="list-style-type: none"> • At least tries to
Are reports on the work of external audit presented to the committee?	Yes x 5	

Does the committee assess the performance of external audit?	Yes x 3 No x 2	<ul style="list-style-type: none"> Not formally
Does the committee consider the external audit fee?	Yes x 4 No x 1	<ul style="list-style-type: none"> Challenged ref scope/content
Administration	Yes/No/NA	Comments/Action
Does the committee have a designated secretariat?	Yes x 5	
Are agenda papers circulated in advance of meetings to allow adequate preparation by committee members?	Yes x 5	<ul style="list-style-type: none"> Electronically (tech cost saving!)
Do reports to the committee communicate relevant information at the right frequency, time, and in a format that is effective?	Yes x 5	<ul style="list-style-type: none"> Except that, as a new member, I have not seen the terms of reference and I have not had an induction
Does the committee issue guidelines and/or a proforma concerning the format and content of the papers to be presented?	Yes x 4 NA x 1	<ul style="list-style-type: none"> Not that I have seen
Are minutes prepared and circulated promptly to the appropriate people, including all members of the Board?	Yes x 5	
Is a report on matters arising presented or does the chair raise them at the committee's next meeting?	Yes x 5	<ul style="list-style-type: none"> Reported as pack for Board meetings
Do action points indicate who is to perform what and by when?	Yes x 4 No x 1	<ul style="list-style-type: none"> Not aware of timescales or that they are adhered to SMART targets
Does the committee provide an effective annual report on its own activities?	Yes x 4 No x 1	<ul style="list-style-type: none"> Taking account of the foregoing remarks
Overall	Yes/No/NA	Comments/Action
Does the committee effectively contribute to the overall control environment of the organisation?	Yes x 4 No x 1	<ul style="list-style-type: none"> With reference to the foregoing remarks
Are there any areas where the committee could improve upon its current level of effectiveness?	Yes x 3 No x 2	<ul style="list-style-type: none"> With reference to the foregoing remarks Always. Evolutionary not revolutionary None that I have identified to date Probably but Committee is effective and competent
Does the committee seek feedback on its performance from the Board and Accountable Officer?	Yes x 4 No x 1	<ul style="list-style-type: none"> Not formally