

REPORT TO THE TRUST BOARD - PUBLIC
11 July 2018

| | |
|---------------------------------------|--|
| Title | Annual Report of the Audit Committee |
| Author | Steven Course, Chief Financial Officer |
| Accountable Executive Director | Paul Hendrick, Non-Executive Director |

Purpose of the Report:

The purpose of this report is to highlight to the board the work of the audit committee, review progress against annually set objectives and review the effectiveness of the committee.

Summary of Key Issues:

This report provides details of the membership of the committee and its attendance, the committee objectives and a summary of the main items of consideration over the year. The report also considers the effectiveness of the committee.

Strategic priorities this paper supports (Please check box including brief statement)

| | | |
|---|-------------------------------------|---|
| Improved patient experience | <input checked="" type="checkbox"/> | An effective audit committee allows the organisation to review the effective systems within the Trust that support patient care |
| Improved health of the communities we serve | <input checked="" type="checkbox"/> | The Audit committee ensures that the systems and processes that support effective healthcare are robust |
| Improved staff experience | <input checked="" type="checkbox"/> | The audit committee ensures appropriate arrangements are in place within which staff can carry out their role |
| Improved value for money | <input checked="" type="checkbox"/> | The audit committee ensure robust financial governance |

Committees/Meetings where this item has been considered:

| Date | Committee |
|----------|-----------------|
| 23/05/18 | Audit Committee |

Implications:

| | |
|--------------------------|--|
| Equality Analysis | The implications for equalities have been considered and this paper has no direct impact |
| Risk and Assurance | Monitoring the effectiveness of the committee helps to ensure good risk and assurance management |
| Service User/Carer/Staff | No direct impacts |
| Financial | A robust audit committee supports financial governance |
| Quality | The report considers how the audit committee can make improvements |

Supporting Documents and Research material

| |
|--------|
| a. N/A |
|--------|

Glossary

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| | |



East London
NHS Foundation Trust

AUDIT COMMITTEE ANNUAL REPORT

2017/18

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1. Introduction

- 1.1 The audit committee is a principal committee of the Trust Board established with **approved** terms of reference which are consistent with those contained in the Audit Committee Handbook published by Healthcare Financial Management Association and the Department of Health and generally accepted UK Corporate Governance guidelines.

2. Objectives

2.1 In summary the main responsibilities of the audit committee are:

- to monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance, reviewing significant financial reporting judgements contained in them;
- to review the Trust's system of integrated governance, its internal financial controls and the Trust's internal control and risk management systems across the whole of the Trust's activities (both clinical and non-clinical);
- to monitor the development, operation and effectiveness of the Board Assurance Framework
- to monitor and review the effectiveness of the Trust's internal audit function, to agree its annual plan, to review its reports and monitor implementation of their recommendations and to review the annual Head of Internal Audit Opinion;
- to monitor and review the effectiveness of the Trust's Local Counter Fraud Specialist, to agree its annual plan, to review its reports and monitor implementation of their recommendations;
- to make recommendations to the board relation to the appointment of the external auditor and terms of engagement of the external auditor;
- to review with the external auditor the audit plan and to review all external audit reports before submission to the Board;
- to review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements;
- to develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm; and to report to the board, identifying any matters in respect of which it considers that action or improvement is needed, and making recommendations as to the steps to be taken; and
- To report to the board on how it has discharged its responsibilities.

3. Membership

- 3.1 Throughout the year under review the Audit Committee consisted of the following three independent non-executive directors:
- Paul Hendrick (Chair)
 - Mary Elford
 - Kingsley Peter.
- 3.2 Brief CVs of all members are available on the Trust's website.
- 3.3 The Audit Committee invited the following to attend on a regular basis to assist it in fulfilling its functions:
- Chief Executive
 - Chief Financial Officer
 - Deputy Director of Finance
 - Director of Corporate Affairs
 - Internal Audit representatives
 - External Audit representatives
 - Local Counter Fraud Service representatives.
- 3.4 The Committee members held private discussions with both the external and internal auditors during the year.

4. Committee Meetings

- 4.1 The Audit Committee has met five times during 2016/17 financial year. Below are details of the attendance of its members:

| MEMBER | ATTENDANCE |
|----------------|------------|
| Paul Hendrick | 5/5 |
| Mary Elford | 4/5 |
| Kingsley Peter | 4/5 |

5. Main areas of activity

5.1 Governance and Risk Management

- 5.1.1 The Committee assesses and monitors the completeness and adequacy of the risk management system and the extent to which it is embedded in the Trust. It considers that adequate systems are currently in place but continuous review and improvement by executive management is essential and the Board needs to continuously review emerging risks resulting from the changing environment in which the Trust is operating.
- 5.1.2 The Committee receives regular reports on the Assurance Framework. It assesses its adequacy and fitness for purpose and makes recommendations accordingly. Where appropriate, the Committee has challenged executive management on aspects of the assurance framework and has instituted 'deep dives' into particular areas of concern.

5.1.3 The Committee has reviewed all relevant disclosure statements of the Trust, more specifically as set out in this report.

5.2 External Audit

5.2.1 For the Financial year 2017/18, Grant Thornton LLP acted as external auditors of the Trust, having been appointed as a result of a tender process which the Committee supervised and participated in. The previous auditors were KPMG LLP who provided an unqualified opinion on the 16/17 accounts, we await the outcome of the 17/18 audit..

5.2.2 In relation to external audit, the Committee:

- reviewed the Annual Accounts and Annual Report and made recommendations as appropriate to the Board
- reviewed, with the external auditors the external audit plan, commenting in particular on any specific areas of risk
- considered all reports and recommendations from the external auditors
- considered in particular the external auditors report to those charged with governance prior to its submission to the Board
- reviewed arrangements to ensure independence of the external auditors.

5.3 Internal Audit

5.3.1 Internal Audit provides an independent and objective opinion to the Audit Committee, the Accountable Officer and the Board on the degree to which risk management, control and governance in the Trust support the achievement of the its agreed objectives.

5.3.2 During 2017/18 Internal Audit services for the Trust were provided by RSM UK LLP

5.3.3 The Committee reviewed and approved the content of the Internal Audit plan for 2017/18 at its meeting on 25th April 2017, based on the risk profile of the Trust. The plan was also informed by comment and input from the wider board prior to the audit committee approval at the planning stage. The Committee received progress reports against the delivery of the plan at each meeting together with completed individual audit reports. Each audit report, which included an overall opinion on the adequacy of the system and application of controls, was considered in detail by the Committee, together with management responses and proposed action plans. The Internal Auditors undertook an ongoing programme of follow up work around the implementation of recommendations and reported their status at each Committee meeting.

5.3.4 The table below shows a summary actual outcome of the audits carried out in 2017/18 compared to 2016/17:

| ASSURANCE LEVEL | 2017/18 | | 2016/17 | |
|-----------------|----------|------------|-----------|------------|
| | Actual | % | Actual | % |
| Substantial | 2 | 22 | 1 | 7 |
| Reasonable | 3 | 33 | 9 | 64 |
| Partial | | 44 | 4 | 29 |
| No Assurance | | | 0 | 0 |
| Total | 9 | 100 | 14 | 100 |

5.3.5 Details of audit assignments completed in 2017/18 and the level of assurance obtained is summarised below:

| ASSIGNMENT | ASSURANCE LEVEL |
|-------------------------------------|------------------------|
| Workforce Review | Amber Red |
| Major IT Project Implementation | Green |
| STP – Governance Arrangements | Reasonable |
| Procure to Pay | Amber Green |
| Quality and Performance Framework | Advisory |
| Payroll | Amber Green |
| Financial Reporting/CIP | Draft |
| Data Quality | Draft |
| Temporary Staffing Follow Up | Field Work |
| Board Assurance Framework | Field Work |
| IG Toolkit | Advisory |
| Community Health Service Governance | Draft |
| Data Protection Act | Fieldwork |

5.3.6 The Internal Auditors are required to give the Head of Internal Audit Opinion on the effectiveness of the system of internal control for the financial year. This Opinion contributes to the assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control. The Opinion supports the Board in the completing its Annual Governance Statement.

5.3.7 The Head of Internal Opinion was that "The organisation has an adequate and effective framework for risk management, governance and internal control" whilst at the same time noting that "our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective".

5.4 Counter Fraud

5.4.1 The Trust maintains counter fraud and security management arrangements which are provided by the Local Counter Fraud Specialist (LCFS). The work of the LCFS includes ensuring the counter fraud ethos is embedded in the Trust's strategic governance, publicising and raising awareness in the Trust of associated risks, deterring the commission of crime and holding to account those who do commit crime.

5.4.2 The Committee approved the LCFS programme of work and received regular updates on its work during the year and was notified of emerging fraud risks which might affect the Trust. The Committee received the Counter Fraud Annual Report at its meeting in April 2018. The Trust also began to offer a Counter Fraud service to Barking, Havering and Redbridge NHS Trust from August 2017.

5.5 Co-operation with other Board Committees

5.5.1 The Committee receives and reviews reports and minutes from other Board committees where relevant to its work. This is particularly the case with the Quality Assurance Committee (in such areas as clinical risk and quality of service provision) and the Finance, Business and Investment Committee (FBIC) (in such areas as financial risk and changing investment environment). The Committee benefits from overlap of membership with these committees

(one member on the QAC and two on the FBIC).

5.6 Other Activities

5.6.1 The Committee has:

- considered and recommended to the Board for approval updated Standing Orders, Standing Financial Instructions and Scheme of Delegation; and,
- received reports on the waiving of tendering processes, any reported breaches of Standing Financial Instructions and losses and special payments made during the financial year.

6. Self-Assessment

6.1 The Committee conducts an annual self-assessment using the model questionnaire **contained** in the Audit Committee Handbook published by Healthcare Financial Management Association and the Department of Health. Emerging from this year's review was a few areas of disparity between respondents that the committee will need to address. The full details are appended to this report with highlights summarised below:

| Question | Comment |
|--|--|
| <i>The committee has set itself a series of objectives it wants to achieve this year.</i> | 1 respondent strongly disagreed whilst 4 strongly agreed |
| <i>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.</i> | 1 respondent disagreed with this statement |
| <i>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 Share Business Services, other NHS bodies, commissioning support unities or private contractors.</i> | 1 respondent disagreed with this statement |
| <i>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”.</i> | 1 respondent disagreed with this statement |
| <i>At the end of each meeting, we discuss the outcomes and reflect back on decisions made and what worked well, not so well, etc.</i> | 1 respondent disagreed with this statement |
| <i>The committee chair has a positive impact on the performance of the committee.</i> | 1 respondent disagreed with this statement |

7. Future Directions

7.1 Areas to focus on during the 2017/18 financial year include:

- Continue to assess the function of the Committee and develop an action plan in response to the self-assessment exercise;
- Reviewing and monitoring governance and accountability arrangements for NHS partnerships;
- Staffing capacity and capabilities in the light of new business developments;
- Achievability of CRES savings;
- Review of estates strategy
- BAF properly aligned to new strategy and risk management arrangements functioning properly throughout the Trust

8. Assurance Statement

8.1 The Committee has considered carefully the information presented to it during the course of 2017/18 and is satisfied that it has acted within the scope of, and discharged its responsibilities under, its terms of reference. In particular the Committee confirms it has fulfilled its duties in respect of:

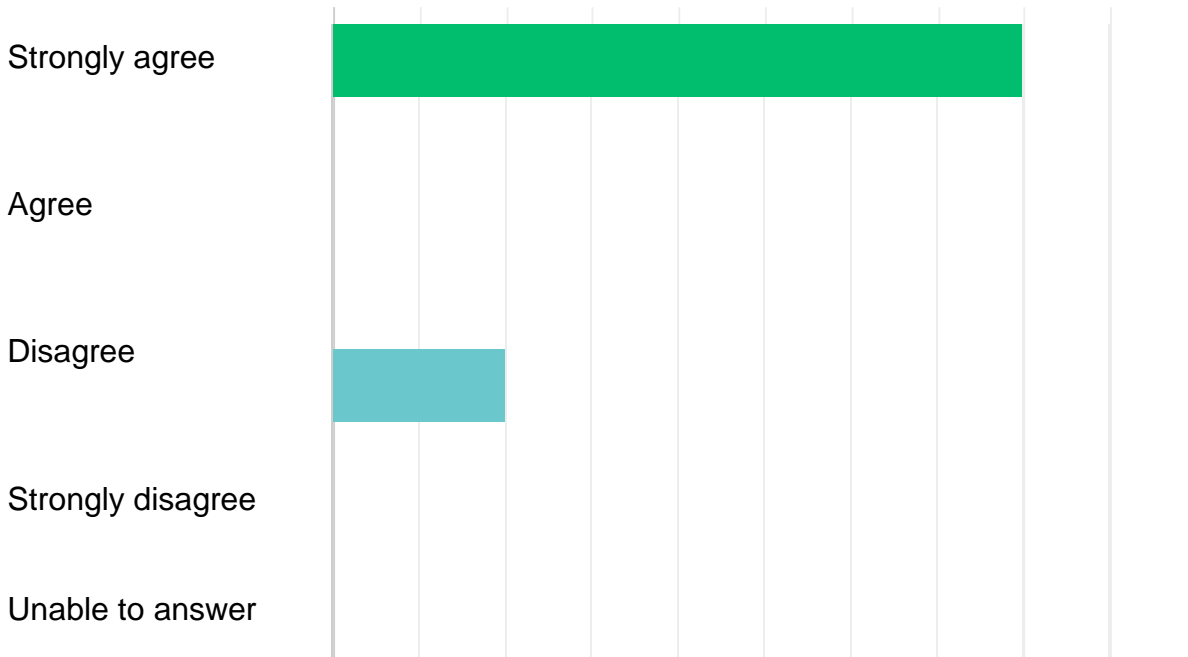
- considering and monitoring the governance arrangements for the organisation;
- the external audit and the Annual Report & Accounts;
- monitoring the provision and outcome of internal audit services, including the approval of an appropriate risk based programme of work; and
- Monitoring the provision of counter fraud services, including the approval of an appropriate programme of work.
- The Committee is satisfied that:
 - The Trust's system of risk management during 2017/18 has been adequate in identifying risks and allowing the Board to understand the appropriate management of those risks; and
 - The Assurance Framework has been fit for purpose and provided sufficient assurance to support the Board's decision-making.

Paul Hendrick
Audit Committee Chair

Appendix 1

Q1 The committee has set itself a series of objectives it wants to achieve this year.

Answered: 5 Skipped: 0



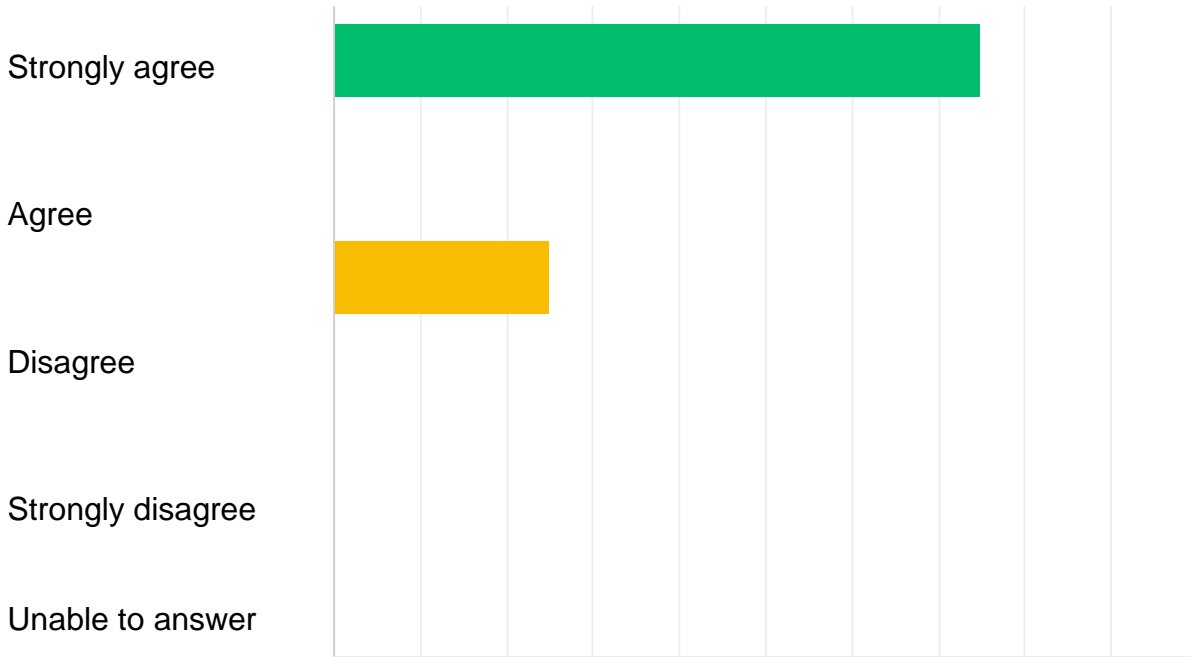
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 80.00% | 4 |
| Agree | Disagree | | |
| Strongly disagree | | 0.00% | 0 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 20.00% | 1 |
| | | 0.00% | 0 |
| TOTAL | 5 | 0.00% | 0 |

Q2 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.

Answered: 4 Skipped: 1



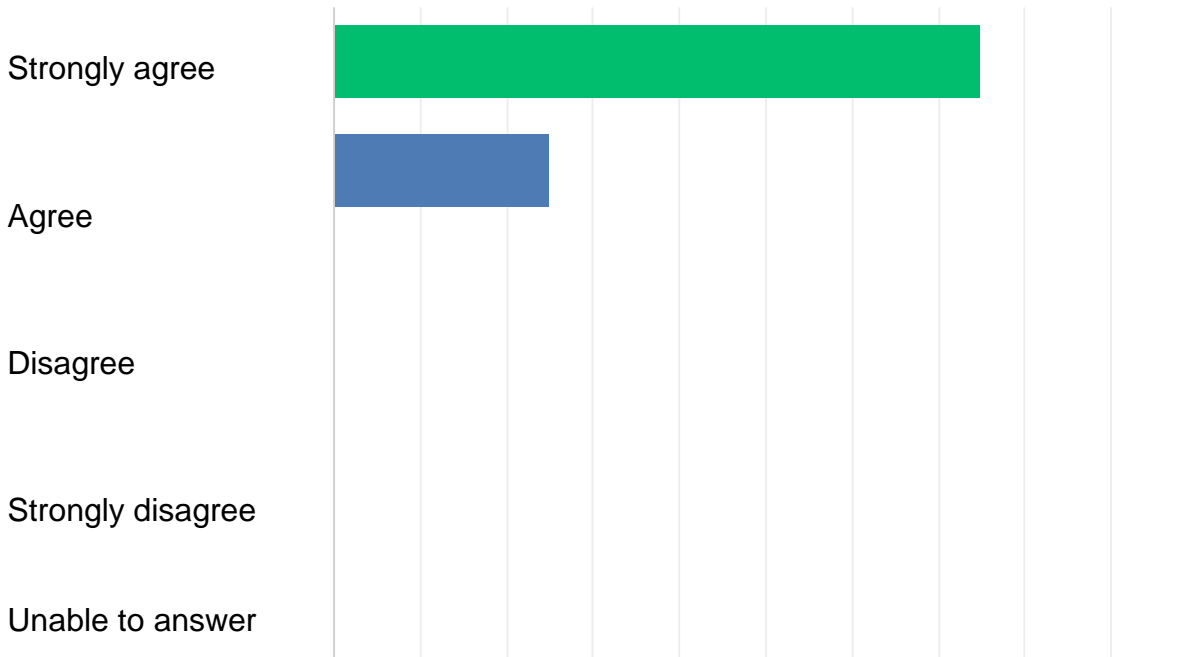
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 75.00% | 3 |
| Agree | Disagree | | |
| Strongly disagree | | 0.00% | 0 |
| Unable to answer | | 25.00% | 1 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | | |

Q3 Committee members contribute regularly across the range of issues discussed.

Answered: 4 Skipped: 1



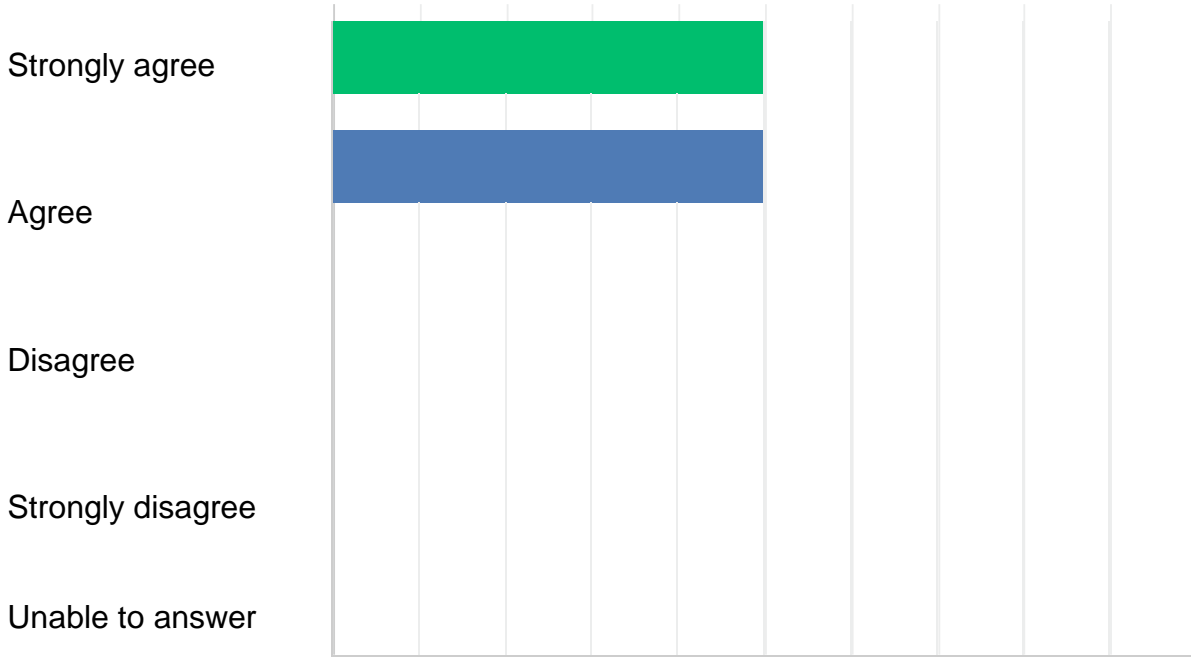
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 75.00% | 3 |
| Agree | Disagree | | |
| Strongly disagree | | 25.00% | 1 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | | |

Q4 The committee is fully aware of the key sources of assurance and who provides them in support of the controls mitigating the key risks to the organization.

Answered: 4 Skipped: 1



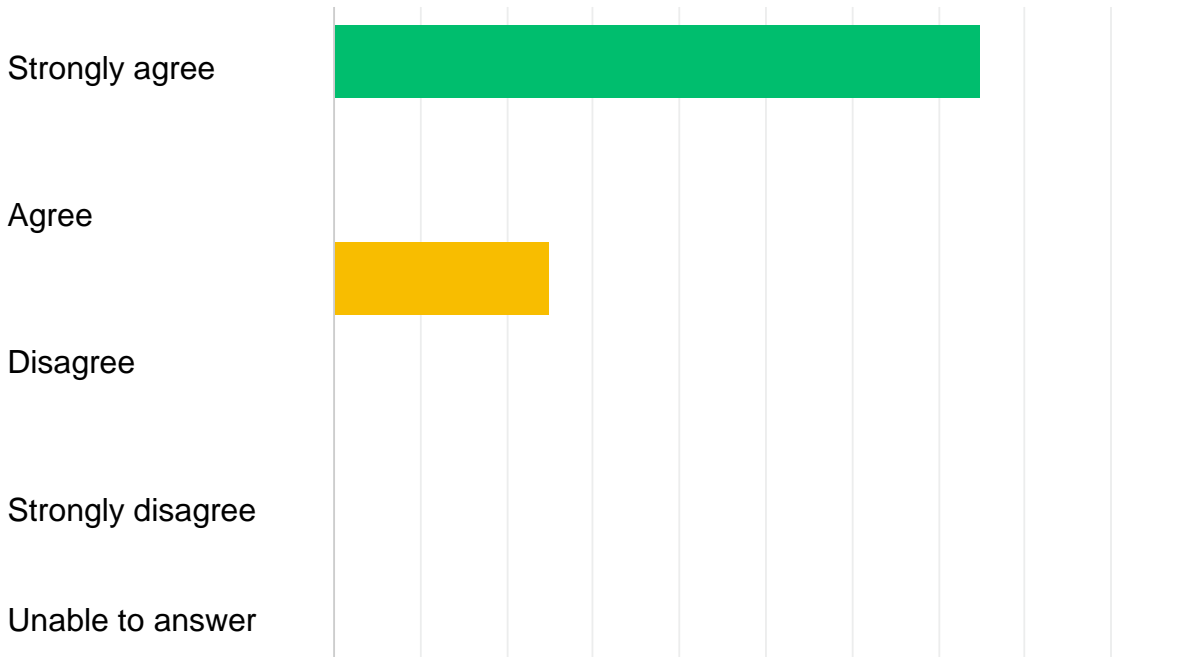
Comments (optional)

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| ANSWER CHOICES | RESPONSES | |
|---------------------|-----------|---|
| Strongly agree | 50.00% | 2 |
| Agree | | |
| Disagree | | |
| Strongly disagree | 50.00% | 2 |
| Unable to answer | 0.00% | 0 |
| Comments (optional) | 0.00% | 0 |
| | 0.00% | 0 |
| TOTAL | | 4 |

Q5 The committee clearly understands and receives assurances from third parties the organization uses to manage / operate key functions – for example, financial services operated by NHS Share Business Services, other NHS bodies, commissioning support unities or private contractors.

Answered: 4 Skipped: 1



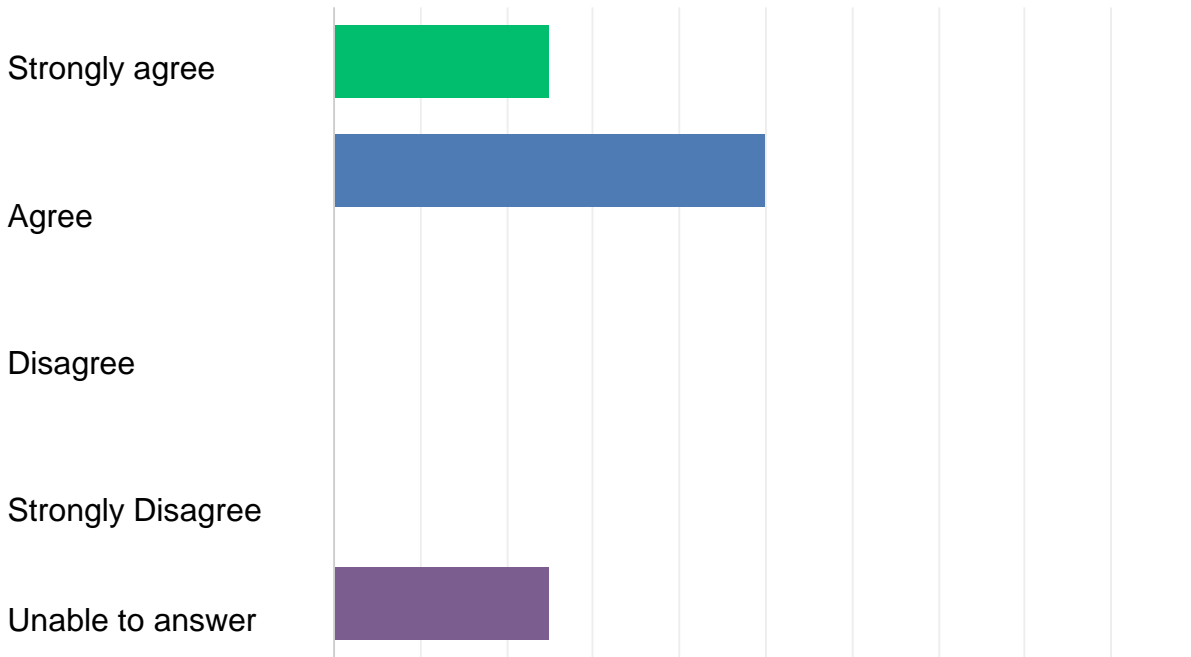
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 75.00% | 3 |
| Agree | Disagree | 0.00% | 0 |
| Strongly disagree | | 0.00% | 0 |
| Unable to answer | | 25.00% | 1 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q6 Equal prominence is given to both quality and financial assurance.

Answered: 4 Skipped: 1



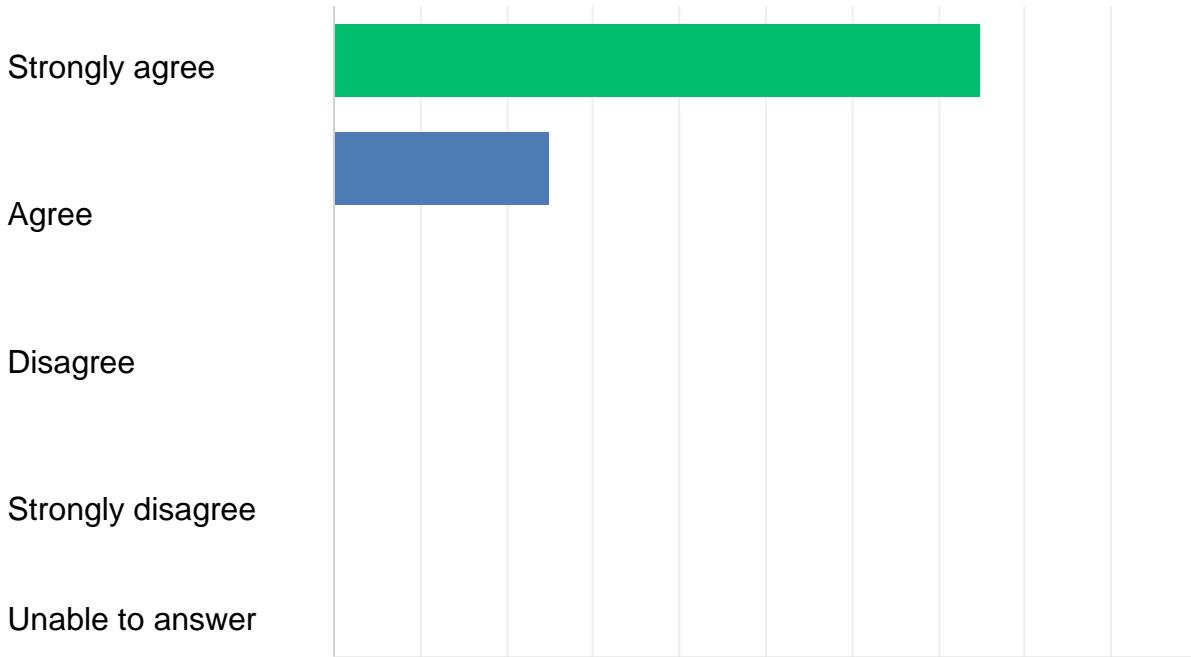
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 25.00% | 1 |
| Agree | Disagree | | |
| Strongly Disagree | | 50.00% | 2 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | 25.00% | 1 |

Q7 The committee has the right balance of experience, knowledge and skills to fulfil the role described in the NHS Audit Committee Handbook.

Answered: 4 Skipped: 1



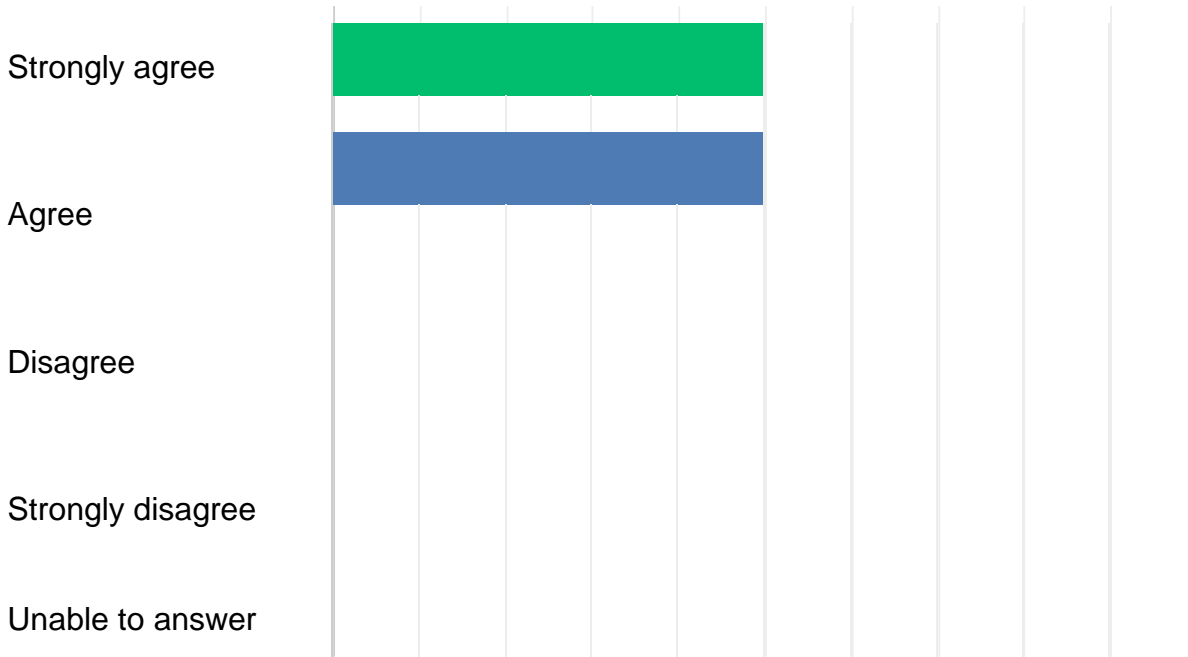
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 75.00% | 3 |
| Agree | Disagree | | |
| Strongly disagree | | 25.00% | 1 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q8 The committee has structured its agenda to cover quality, data quality, performance targets and financial control.

Answered: 4 Skipped: 1



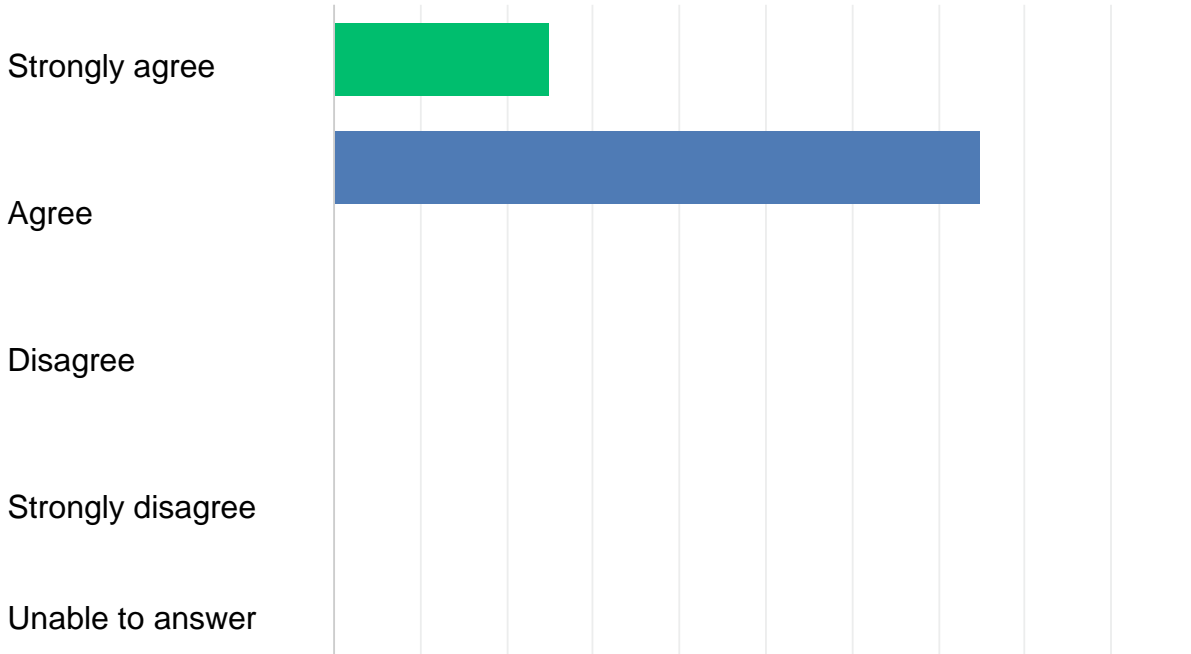
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 50.00% | 2 |
| Agree | Disagree | | |
| Strongly disagree | | 50.00% | 2 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | | |

Q9 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 responsibilities rather than the committee having to rely on the CFO to act as conduit to the Executive team).

Answered: 4 Skipped: 1



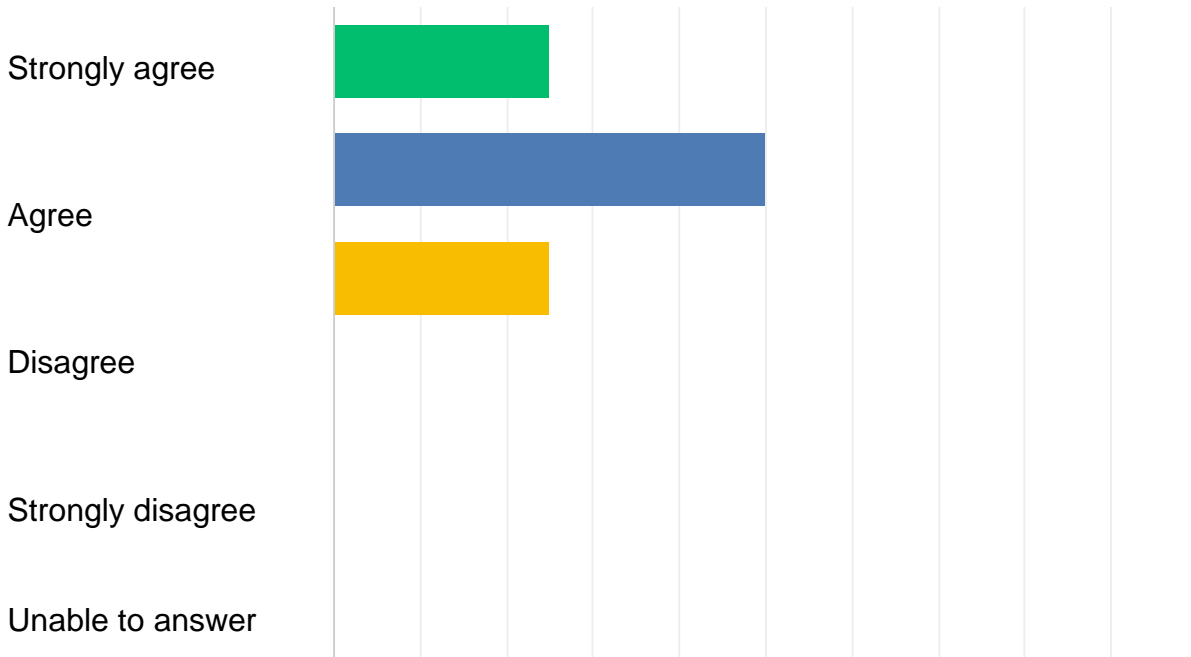
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 25.00% | 1 |
| Agree | Disagree | | |
| Strongly disagree | | 75.00% | 3 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q10 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”.

Answered: 4 Skipped: 1



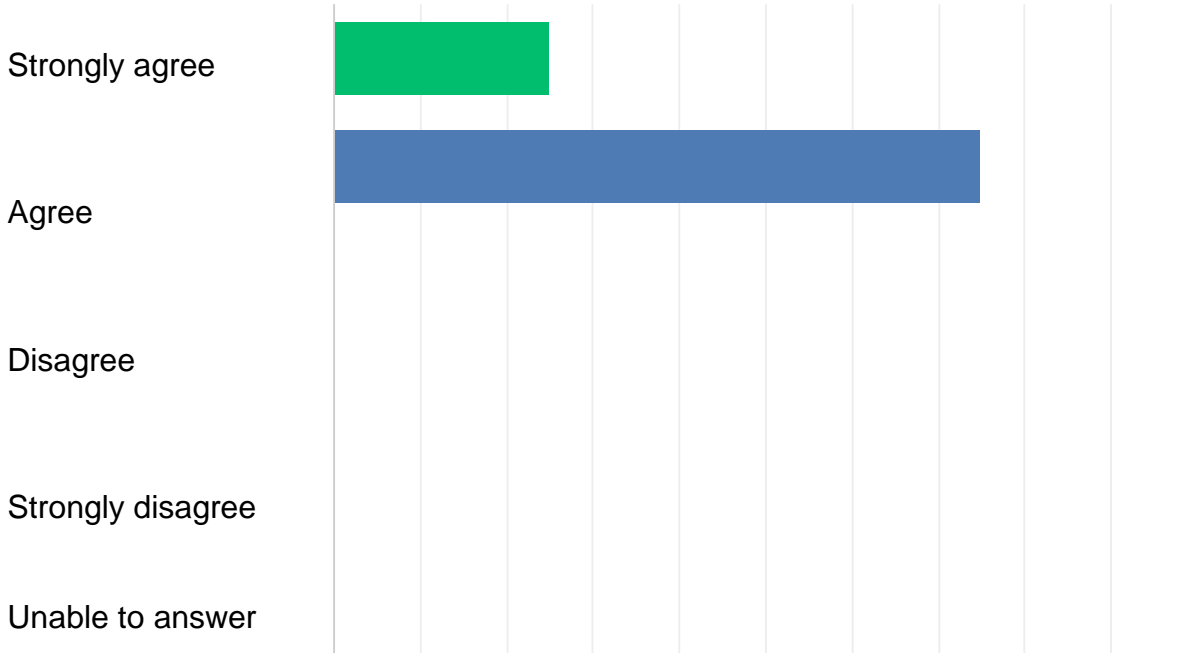
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 25.00% | 1 |
| Agree | Disagree | | |
| Strongly disagree | | 50.00% | 2 |
| Unable to answer | | 25.00% | 1 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q11 Other committees provide timely and clear information in support of the committee thereby eradicating the potential for “surprises”.

Answered: 4 Skipped: 1



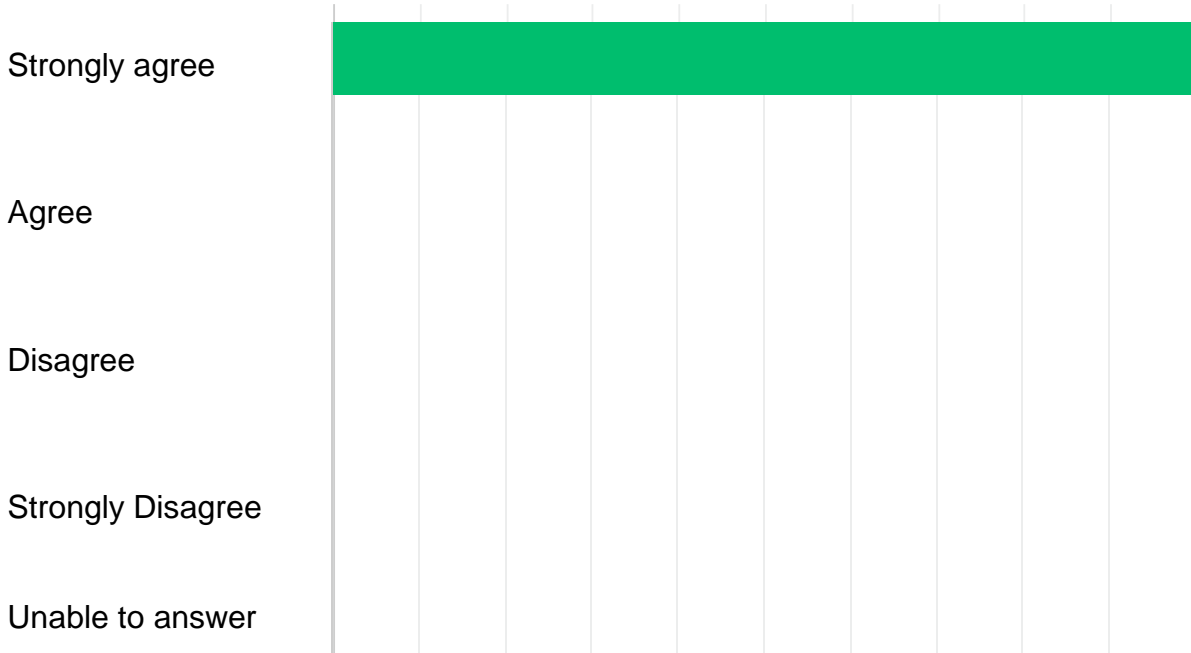
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 25.00% | 1 |
| Agree | Disagree | | |
| Strongly disagree | | 75.00% | 3 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q12 I feel sufficiently comfortable within the committee environment to be able to express my views, doubts and opinions.

Answered: 4 Skipped: 1



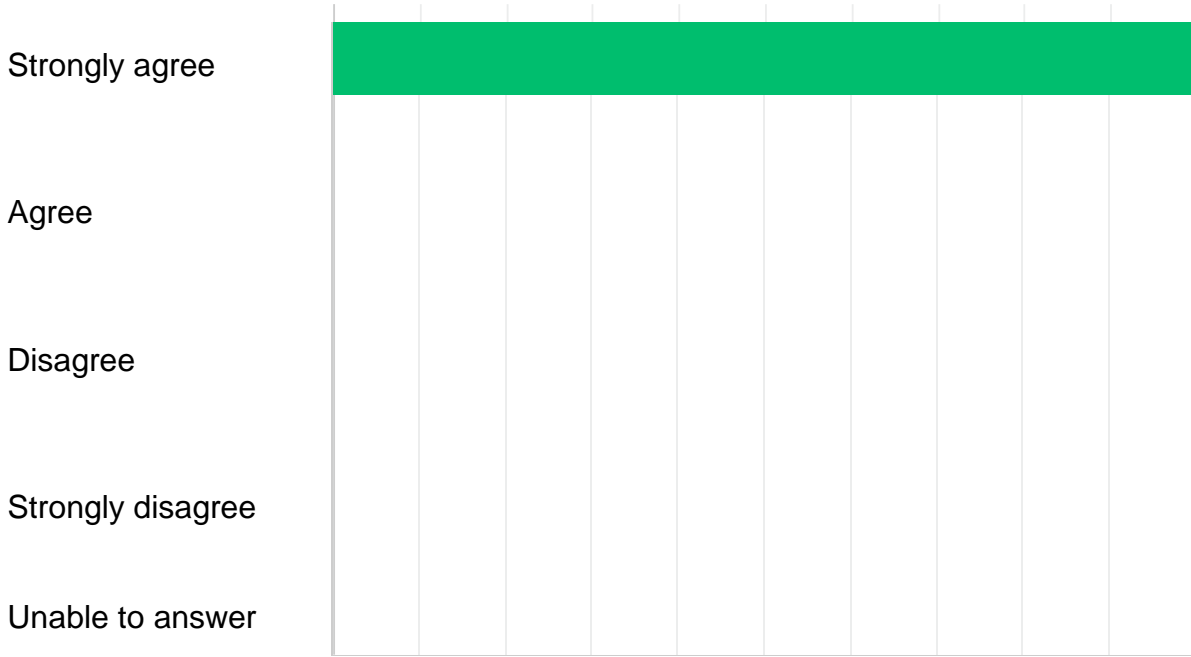
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 100.00% | 4 |
| Agree | Disagree | 0.00% | 0 |
| Strongly Disagree | | 0.00% | 0 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q13 I understand the messages being given by the organization’s assurance advisors (external audit / internal audit / counter fraud specialists).

Answered: 4 Skipped: 1



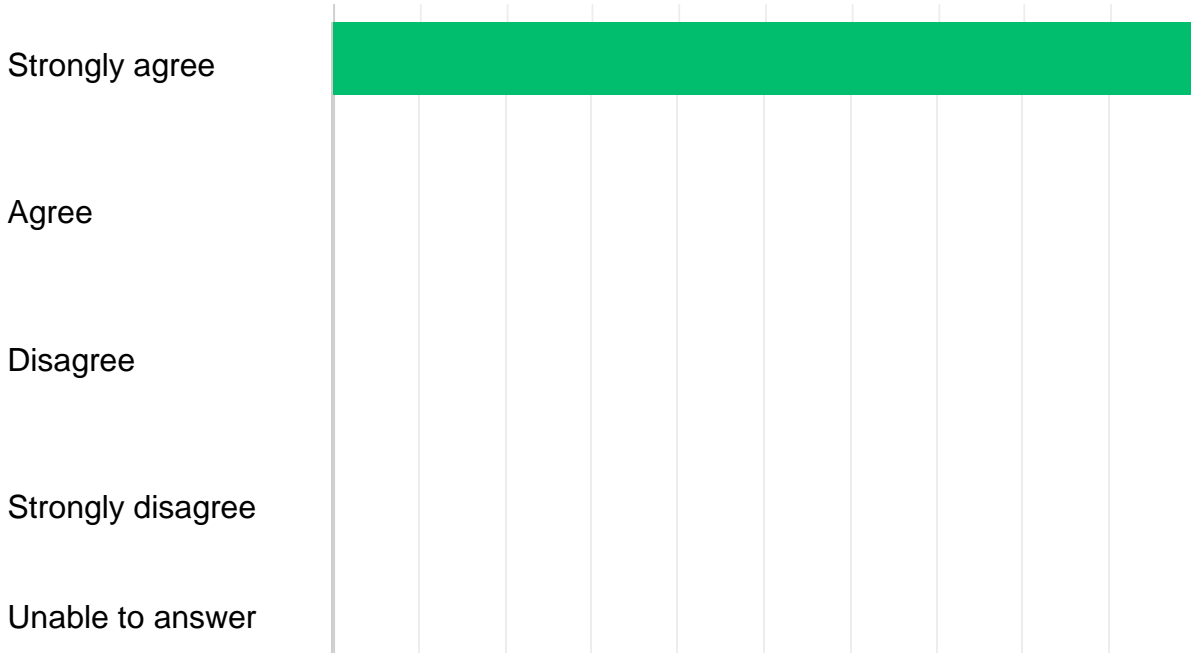
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 100.00% | 4 |
| Agree | Disagree | | |
| Strongly disagree | | 0.00% | 0 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | | |

Q14 Internal audit contributes to the debate across the range of the agenda and not just on the papers they present.

Answered: 4 Skipped: 1



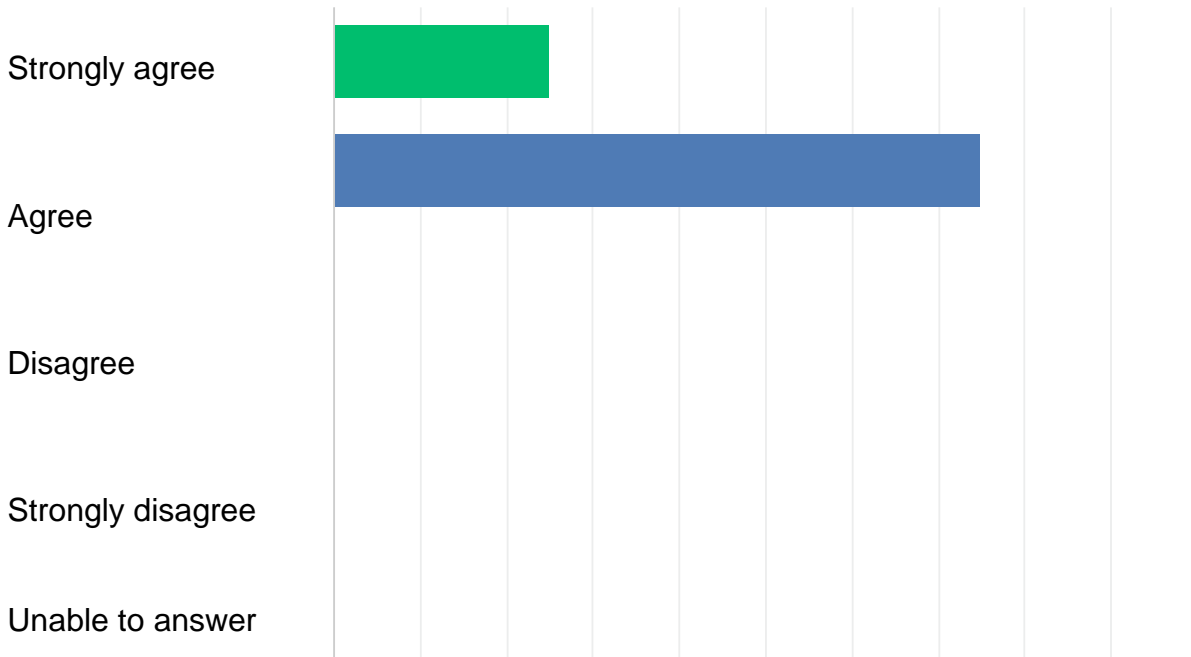
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 100.00% | 4 |
| Agree | Disagree | 0.00% | 0 |
| Strongly disagree | | 0.00% | 0 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q15 Members hold their assurance providers to account for late or missing assurances.

Answered: 4 Skipped: 1



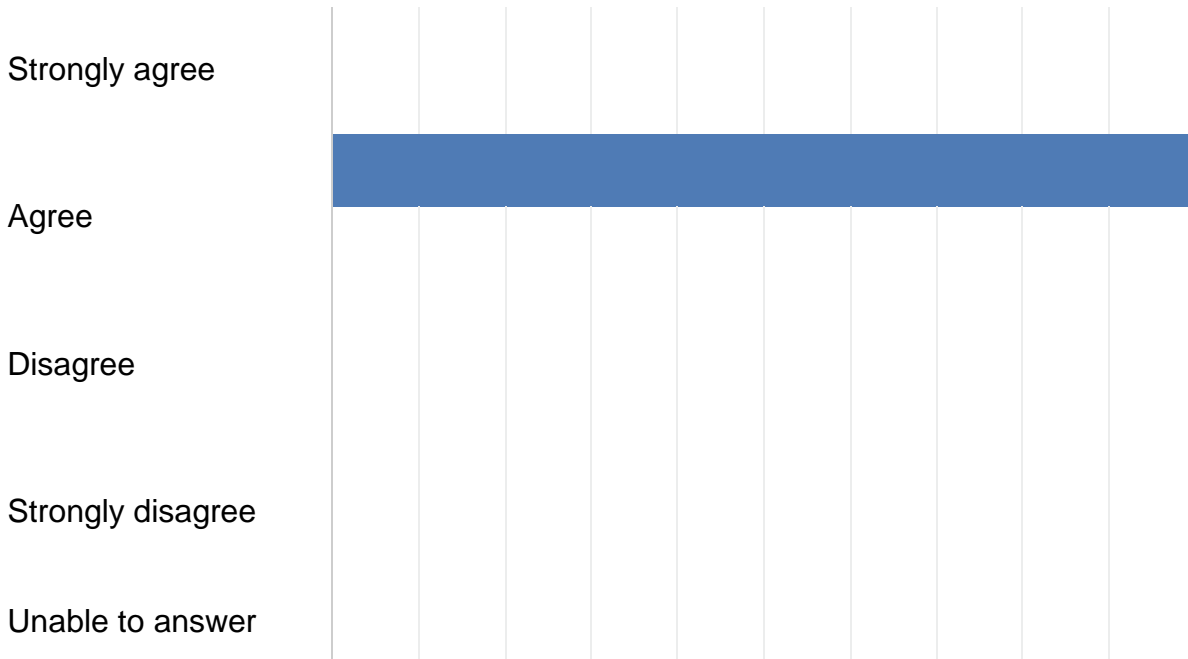
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 25.00% | 1 |
| Agree | Disagree | | |
| Strongly disagree | | 75.00% | 3 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | | |

Q16 When a decision has been made or action agreed, I feel confident that it will be implemented as agreed and in line with the set timescales.

Answered: 4 Skipped: 1



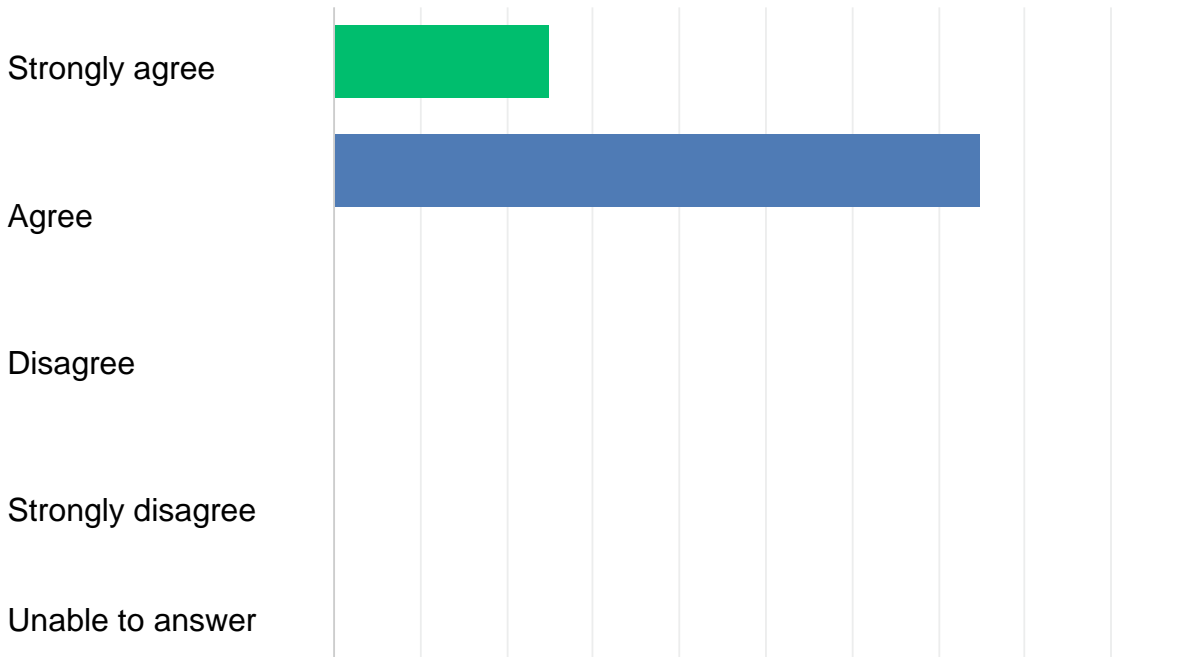
Comments (optional)

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| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 0.00% | 0 |
| Agree | Disagree | | |
| Strongly disagree | | 100.00% | 4 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q17 The quality of committee papers received allows me to perform my role effectively.

Answered: 4 Skipped: 1



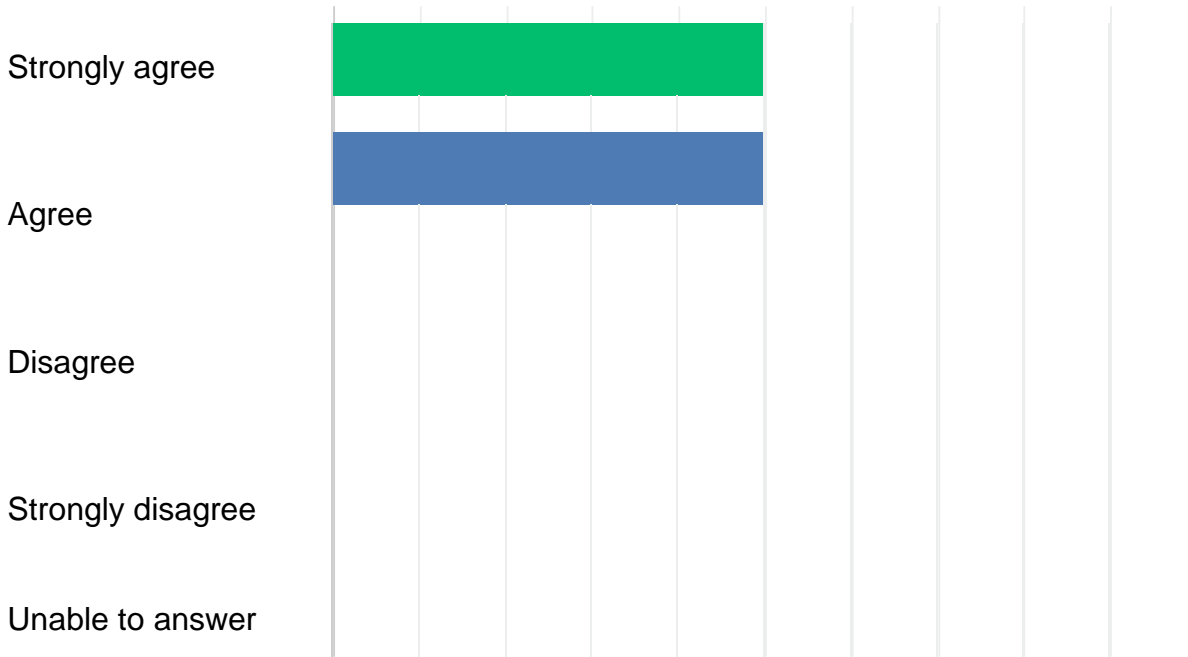
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | RESPONSES |
|---------------------|-----------|
| Strongly agree | 25.00% 1 |
| Agree Disagree | |
| Strongly disagree | 75.00% 3 |
| Unable to answer | 0.00% 0 |
| Comments (optional) | 0.00% 0 |
| | 0.00% 0 |
| TOTAL | 4 |

Q18 Members provide real and genuine challenges; they do not just seek clarification and/or reassurance.

Answered: 4 Skipped: 1



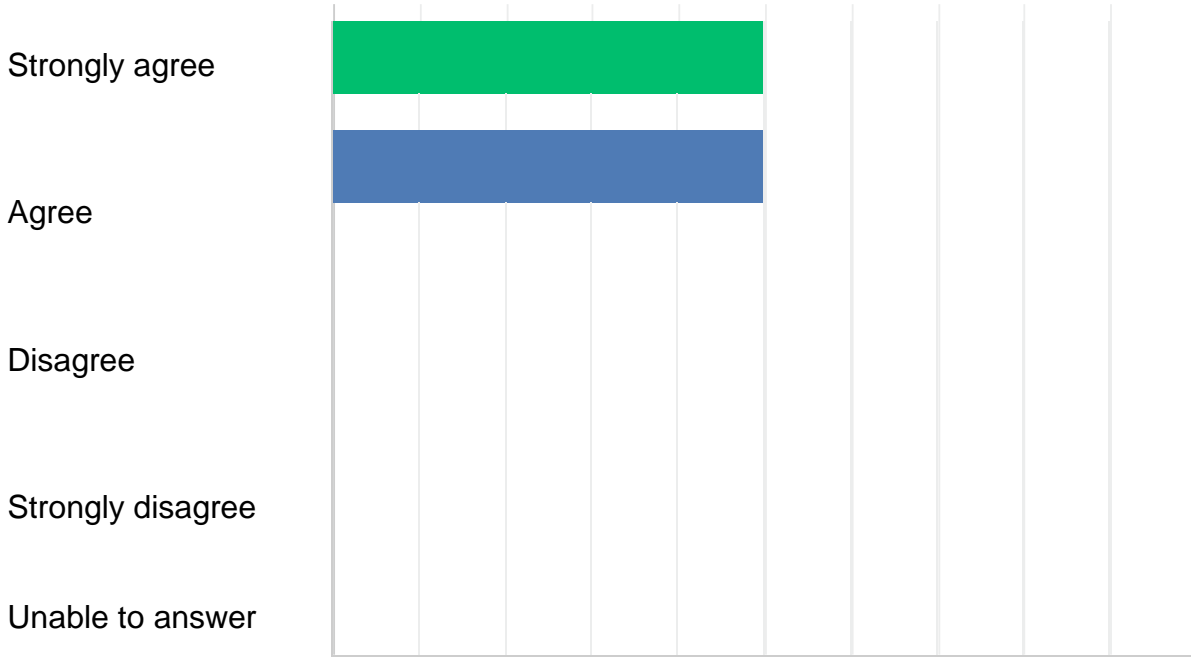
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | RESPONSES | Percentage | Count |
|---------------------|-----------|------------|-------|
| Strongly agree | | 50.00% | 2 |
| Agree | | | |
| Disagree | | | |
| Strongly disagree | | 50.00% | 2 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q19 Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints, etc.

Answered: 4 Skipped: 1



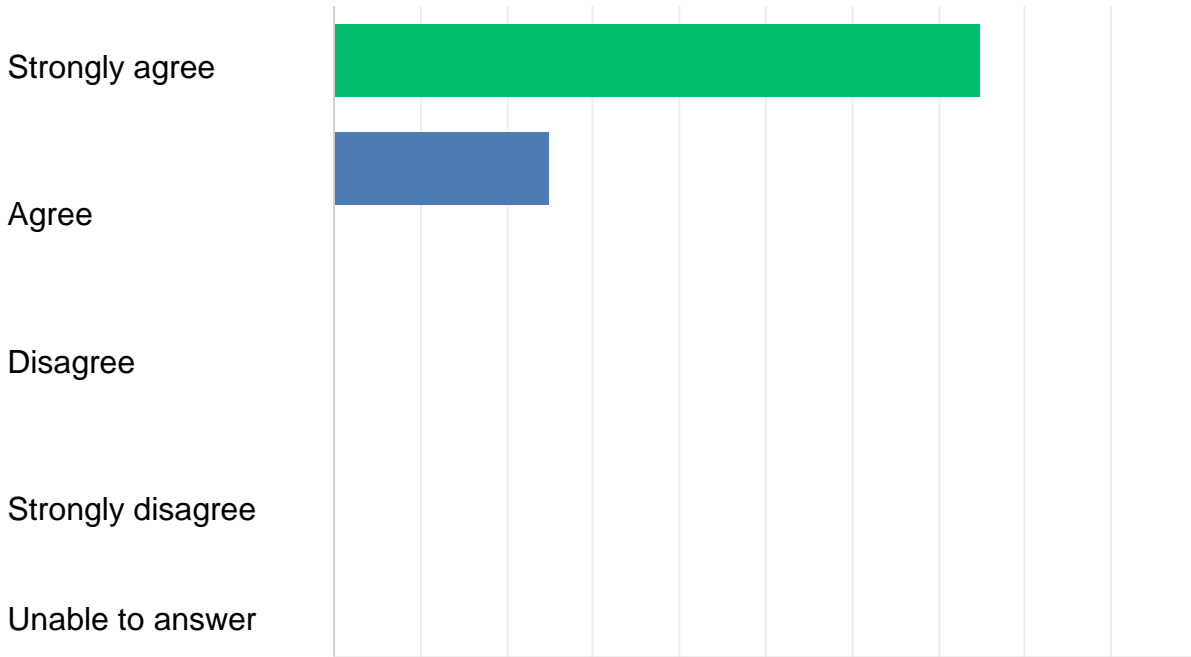
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | RESPONSES | |
|---------------------|-----------|---|
| Strongly agree | 50.00% | 2 |
| Agree | | |
| Disagree | | |
| Strongly disagree | 50.00% | 2 |
| Unable to answer | 0.00% | 0 |
| Comments (optional) | 0.00% | 0 |
| | 0.00% | 0 |
| TOTAL | | 4 |

Q20 Each agenda item is “closed off” appropriately so that I am clear what the conclusions are, who is doing what, when and how, etc., and how it is being monitored.

Answered: 4 Skipped: 1



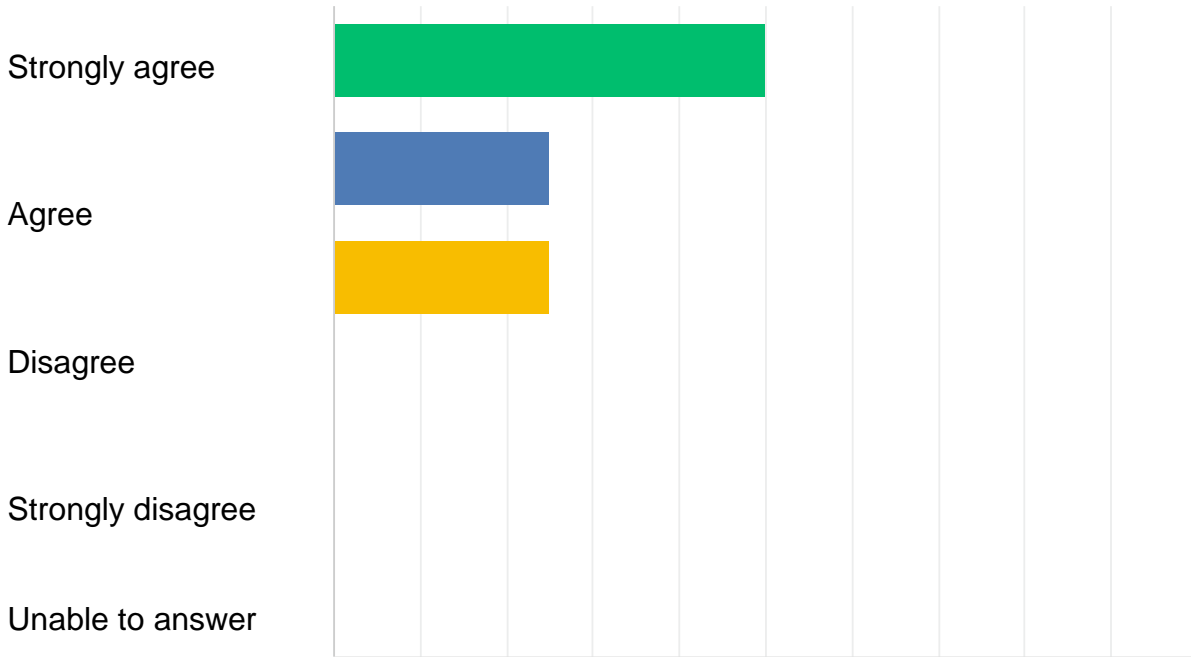
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 75.00% | 3 |
| Agree | Disagree | | |
| Strongly disagree | | 25.00% | 1 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q21 At the end of each meeting, we discuss the outcomes and reflect back on decisions made and what worked well, not so well, etc.

Answered: 4 Skipped: 1



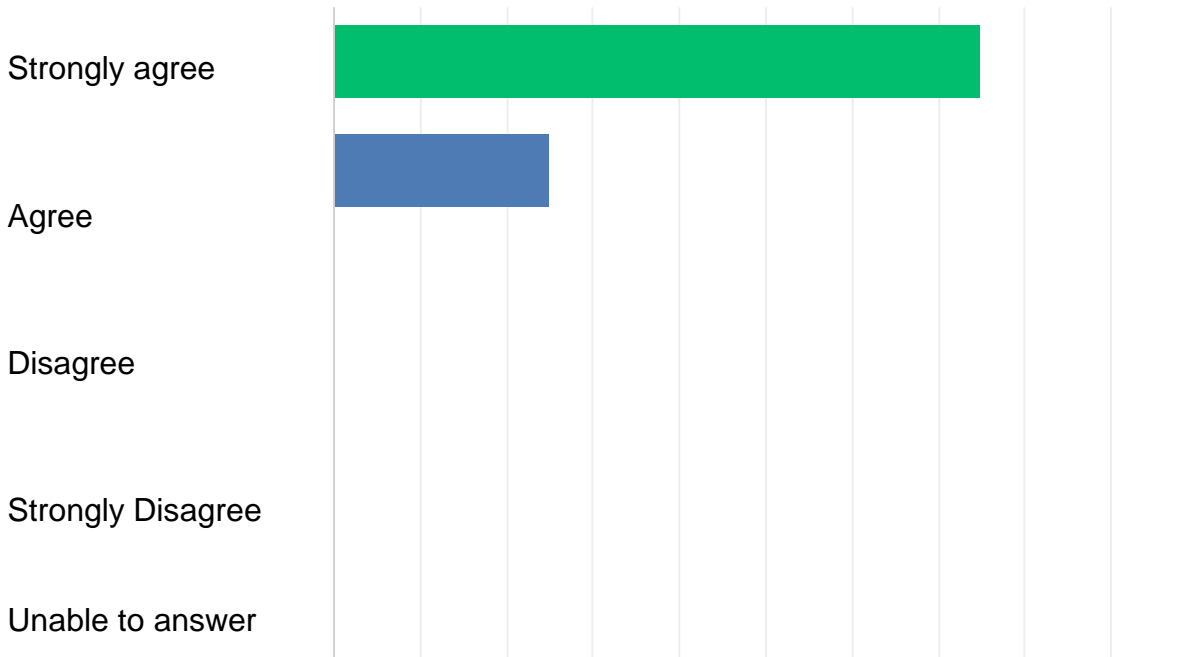
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | RESPONSES | Percentage | Count |
|---------------------|-----------|------------|-------|
| Strongly agree | | 50.00% | 2 |
| Agree | | | |
| Disagree | | 25.00% | 1 |
| Strongly disagree | | | |
| Unable to answer | | 25.00% | 1 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q22 The committee provides a written summary report of its meetings to the governing body.

Answered: 4 Skipped: 1



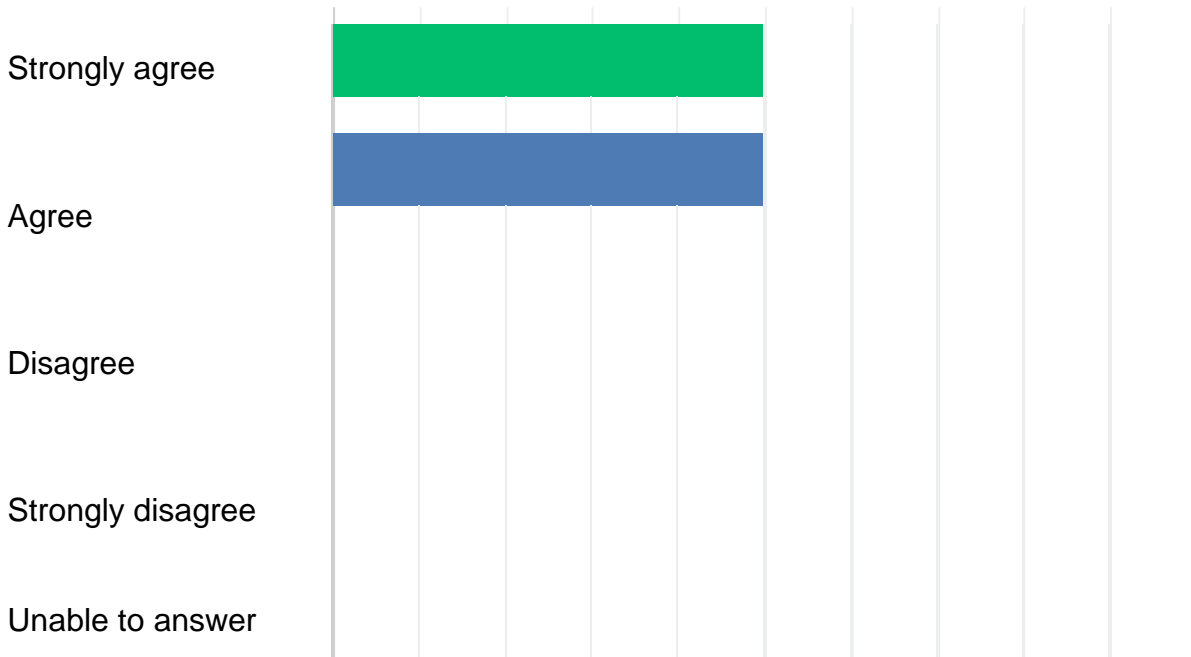
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 75.00% | 3 |
| Agree | Disagree | | |
| Strongly Disagree | | 25.00% | 1 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | | |

Q23 The governing body challenges and understands the reporting from this committee.

Answered: 4 Skipped: 1



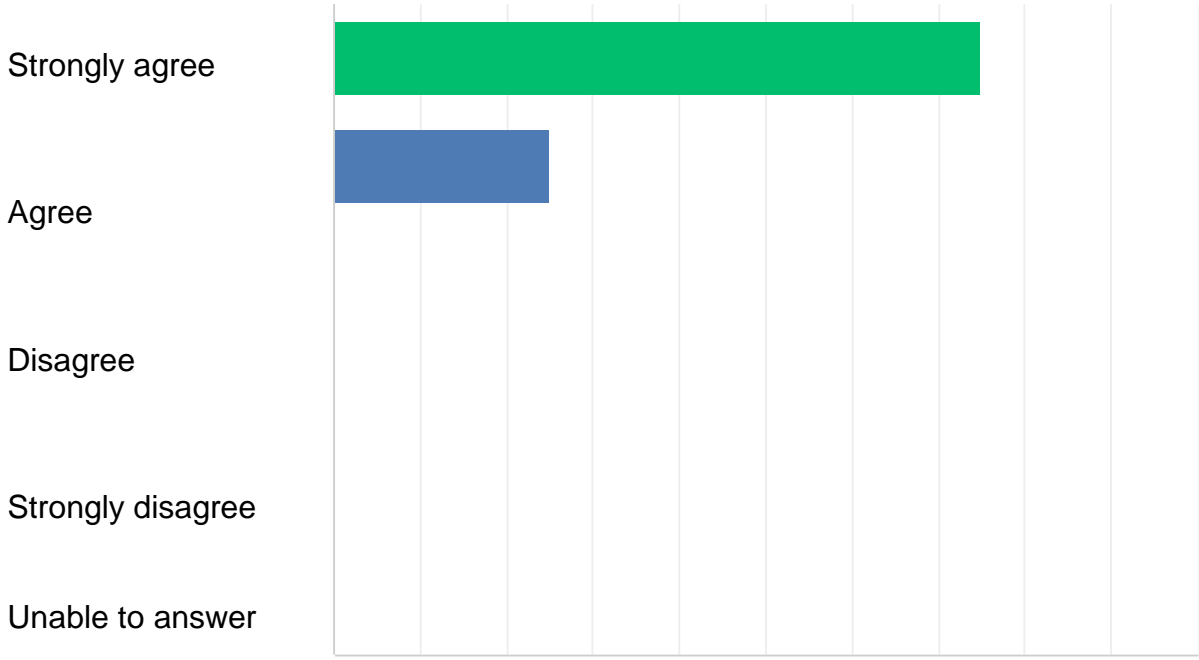
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | RESPONSES | Percentage | Count |
|---------------------|-----------|------------|-------|
| Strongly agree | | 50.00% | 2 |
| Agree | Disagree | | |
| Strongly disagree | | 50.00% | 2 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q24 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.

Answered: 4 Skipped: 1



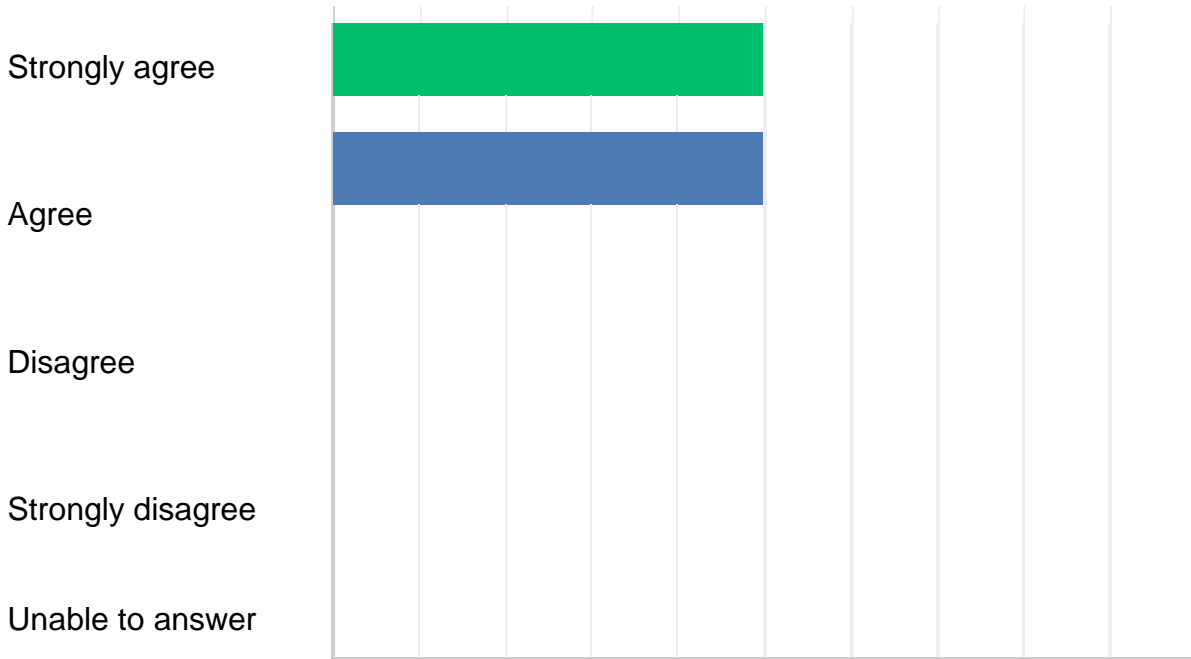
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 75.00% | 3 |
| Agree | Disagree | | |
| Strongly disagree | | 25.00% | 1 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q25 The committee actively challenges both management and other assurance providers during the year to gain a clear understanding of their findings.

Answered: 4 Skipped: 1



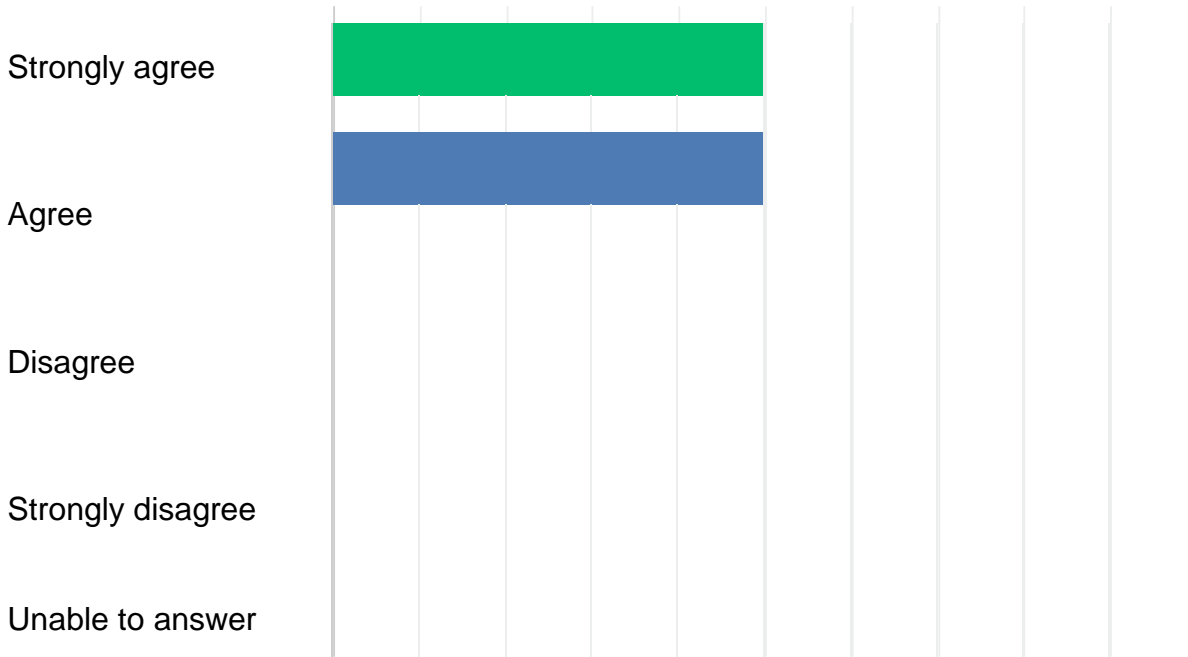
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 50.00% | 2 |
| Agree | Disagree | | |
| Strongly disagree | | 50.00% | 2 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | | |

Q26 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.

Answered: 4 Skipped: 1



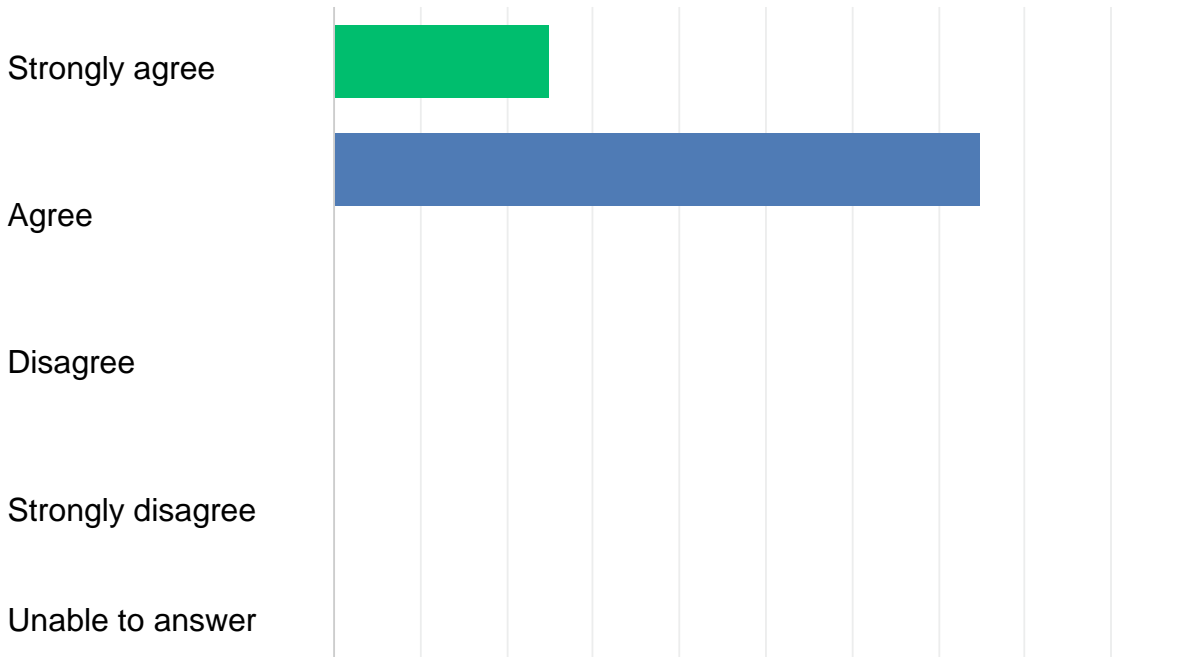
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 50.00% | 2 |
| Agree | Disagree | | |
| Strongly disagree | | 50.00% | 2 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | | |

Q27 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.

Answered: 4 Skipped: 1



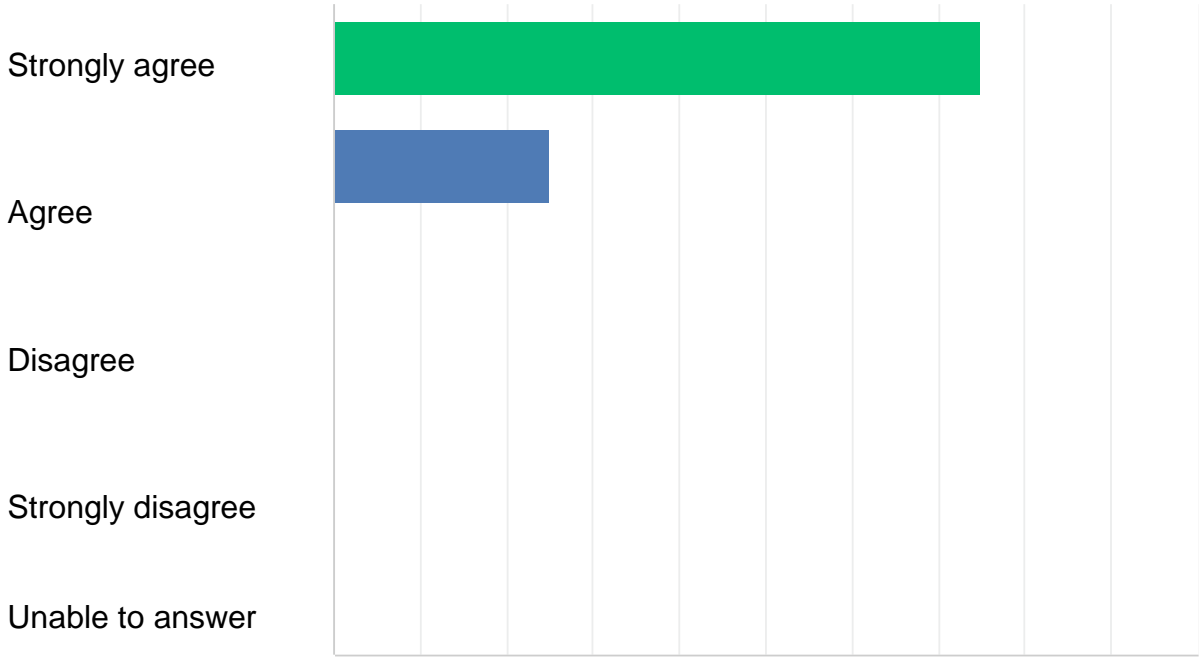
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 25.00% | 1 |
| Agree | Disagree | | |
| Strongly disagree | | 75.00% | 3 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q28 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.

Answered: 4 Skipped: 1



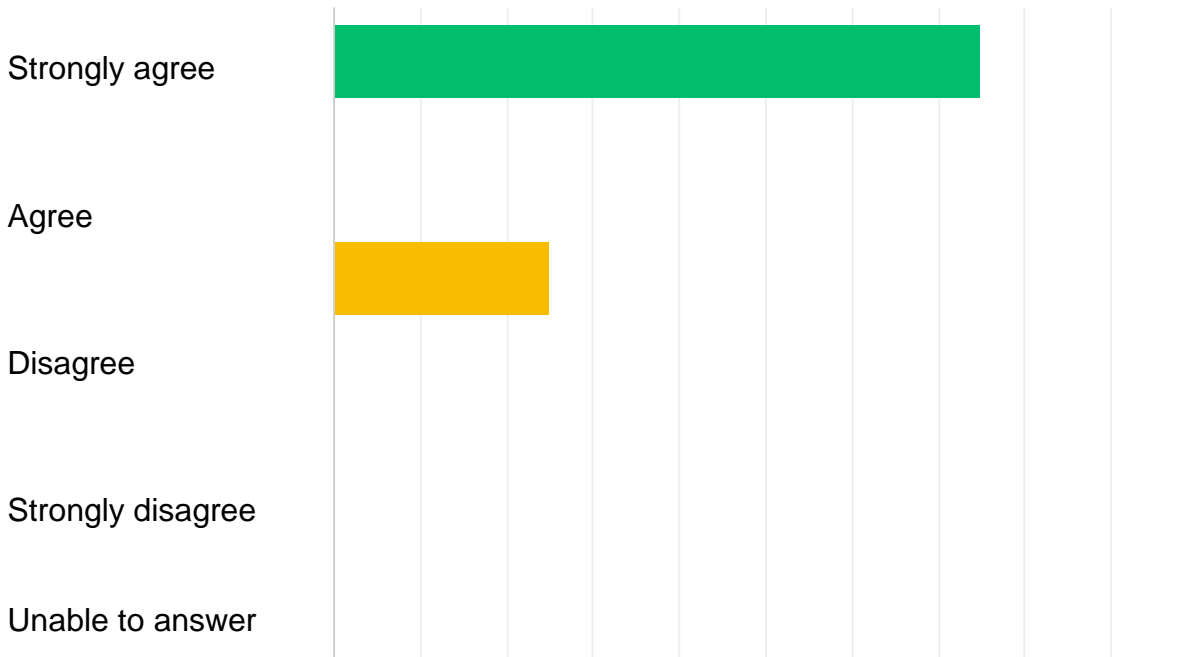
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 75.00% | 3 |
| Agree | Disagree | | |
| Strongly disagree | | 25.00% | 1 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q29 The committee chair has a positive impact on the performance of the committee.

Answered: 4 Skipped: 1



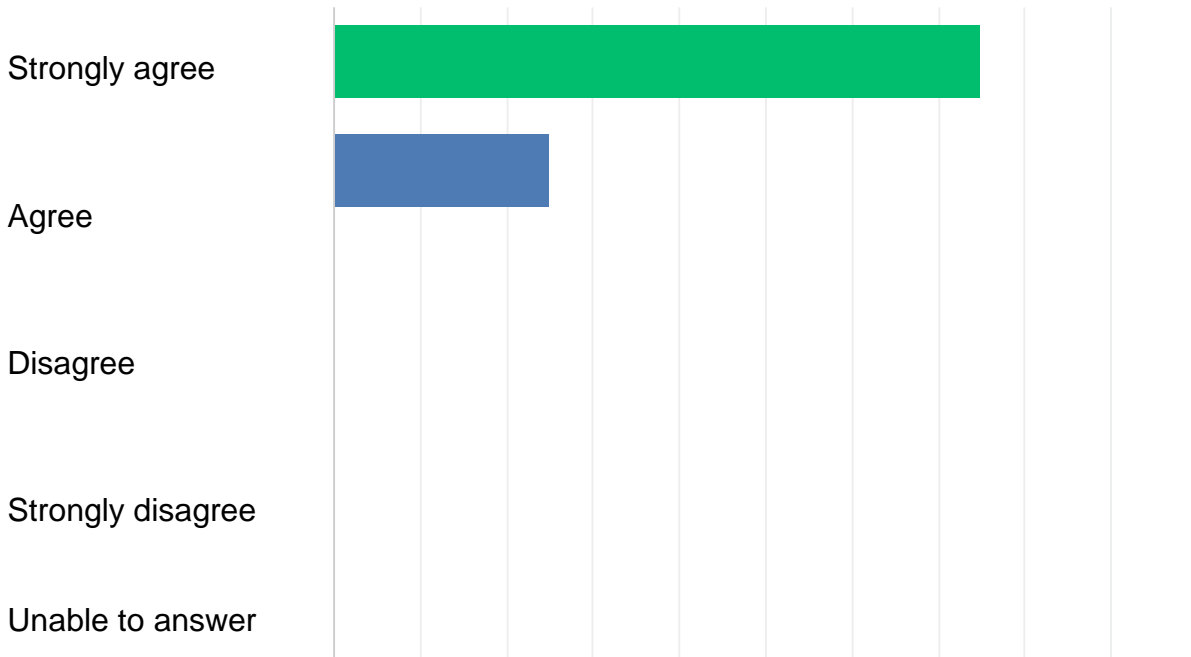
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | RESPONSES |
|---------------------|-----------|
| Strongly agree | 75.00% 3 |
| Agree Disagree | 0.00% 0 |
| Strongly disagree | 0.00% 0 |
| Unable to answer | 25.00% 1 |
| Comments (optional) | 0.00% 0 |
| | 0.00% 0 |
| TOTAL | 4 |

Q30 Committee meetings are chaired effectively and with clarity of purpose and outcome.

Answered: 4 Skipped: 1



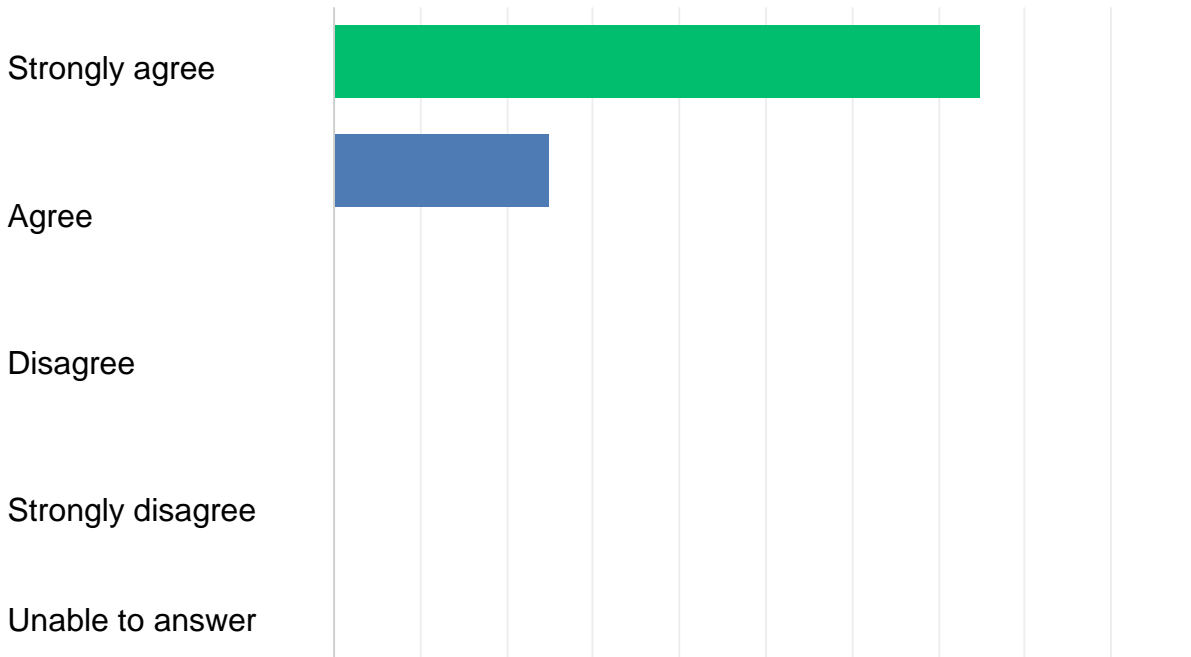
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 75.00% | 3 |
| Agree | Disagree | | |
| Strongly disagree | | 25.00% | 1 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | | |

Q31 The committee chair is visible within the organization and is considered approachable.

Answered: 4 Skipped: 1



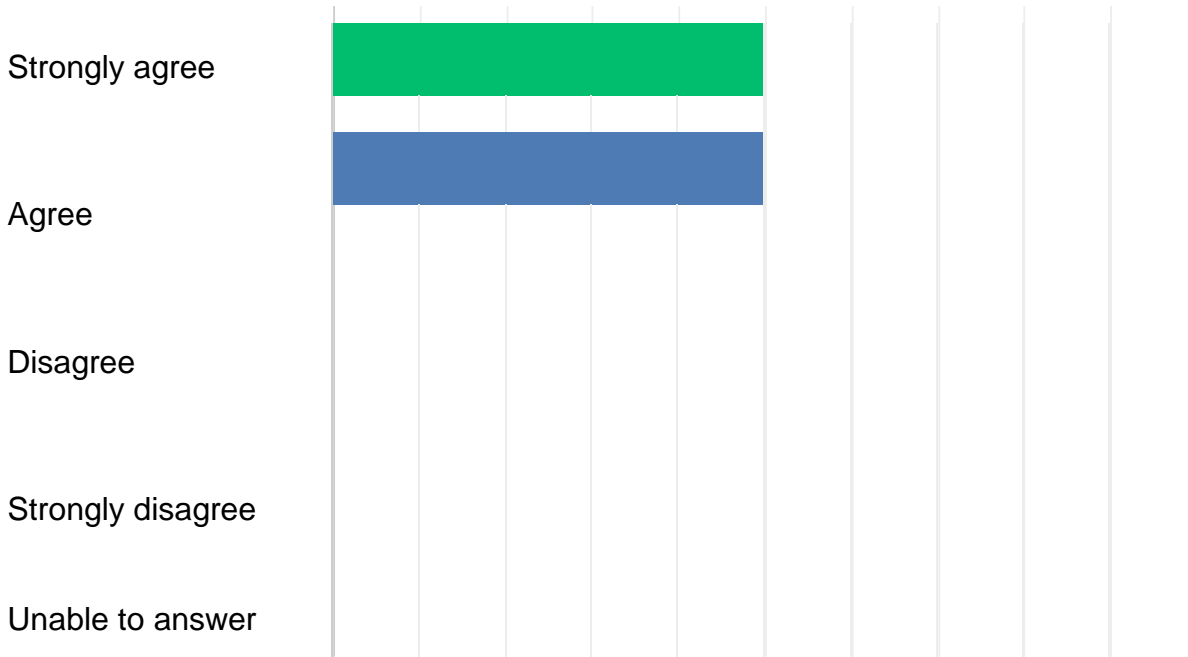
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 75.00% | 3 |
| Agree | Disagree | | |
| Strongly disagree | | 25.00% | 1 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| | | 0.00% | 0 |
| TOTAL | 4 | | |

Q32 The committee chair allows debate to flow freely and does not assert his / her own views too strongly.

Answered: 4 Skipped: 1



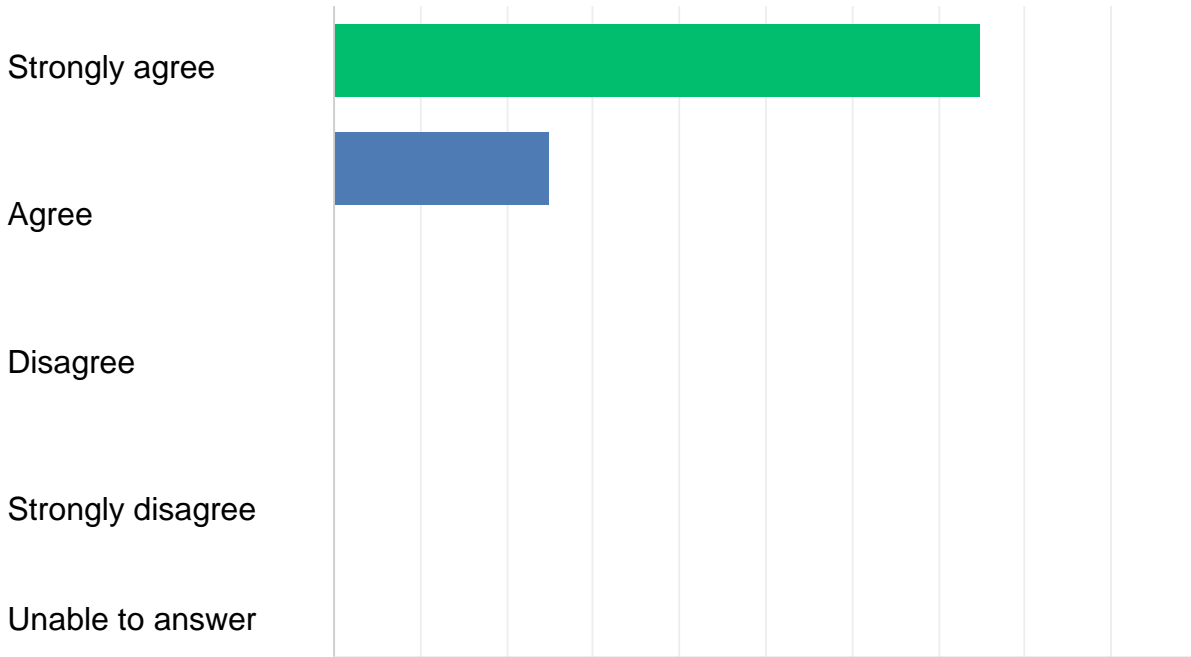
Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | | RESPONSES | |
|---------------------|----------|-----------|---|
| Strongly agree | | 50.00% | 2 |
| Agree | Disagree | | |
| Strongly disagree | | 50.00% | 2 |
| Unable to answer | | 0.00% | 0 |
| Comments (optional) | | 0.00% | 0 |
| TOTAL | 4 | 0.00% | 0 |

Q33 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 / control.

Answered: 4 Skipped: 1



Comments (optional)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

| ANSWER CHOICES | RESPONSES |
|---------------------|-----------|
| Strongly agree | 75.00% 3 |
| Agree | |
| Disagree | |
| Strongly disagree | 25.00% 1 |
| Unable to answer | 0.00% 0 |
| Comments (optional) | 0.00% 0 |
| | 0.00% 0 |
| | 0.00% 0 |

TOTAL 4

