

AUDIT COMMITTEE
SELF- ASSESSMENT CHECKLIST

Checklist 1 – Committee Processes

	Area/Question	Yes	No	Comments / Action
Composition, establishment and duties				
1	Does the Audit Committee have written terms of reference and have they been approved by the Board?			
2	Are the terms of reference reviewed annually?			
3	Has the committee formally considered how it integrates with other committees that are reviewing risk?			
4	Are the outcomes of each meeting an internal control issues reported to the next Board meeting?			
5	Does the committee prepare an annual report on its work and performance for the Board?			

	Area/Question	Yes	No	Comments / Action
6	Has the committee established a plan of matters to be dealt with across the year?			
7	Are the committee papers distributed in sufficient time for members to give them due consideration?			
8	Has the committee been quorate for each meeting this year?			
Internal control and risk management				
9	Has the committee review the effectiveness of the organisation's assurance framework?			
10	Does the committee receive an review the evidence required to demonstrate compliance with regulatory requirements – for example, as set by the Health Inspectorate Wales, Wales Audit Office, HSE etc ?			
11	Has the committee review the accuracy of the draft annual governance statement?			
12	Has the committee reviewed key data against the data quality dimensions ?			

	Area/Question	Yes	No	Comments / Action
Annual Report and accounts and disclosure statements				
13	Does the committee receive and review a draft of the organisation's annual report and accounts?			
14	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 audit • Explanations of any significant variances? 			
15	Is a committee meeting scheduled to discuss any proposed adjustments to the accounts and audit issues?			
16	Does the committee ensure it receives explanations for any unadjusted errors in the accounts found by the external auditors?			

	Area/Question	Yes	No	Comments / Action
Internal Audit				
17	Is there a formal 'internal audit charter' which includes terms of reference, defining internal audit's objectives and responsibilities?			
18	Does the committee review and approve the internal audit plan and any changes to the plan			
19	Is the committee confident that the audit plan is derived from a clear risk assessment process?			
20	Does the committee receive periodic progress reports from the head of internal audit?			
21	Does the committee effectively monitor the implementation of management actions arising from internal audit reports?			
22	Does the head of internal audit have a right of access to the committee and its chair at any time?			
23	Is the committee confident that internal audit is free of any scope restrictions, or operational responsibilities?			

	Area/Question	Yes	No	Comments / Action
24	Has the committee evaluated whether internal audit complies with the Public Sector Internal Audit Standards?			
25	Does the committee receive and review the head of internal audit's annual opinion report?			
External Audit				
26	Do the external auditor's present their audit plan to the committee for agreement and approval ?			
27	Does the committee review the external auditor's ISA 260 report (the report to those charged with governance)			
28	Does the committee review the external auditor's value for money conclusion?			
29	Does the committee review the external auditor's opinion on the quality account when necessary?			
30	Does the committee hold periodic private discussions with external auditors?			
31	Does the committee require assurance from external audit about its policies for ensuring independence?			

	Area/Question	Yes	No	Comments / Action
32	Has the committee approved a policy to govern the value and nature of non-audit work carried out by the external auditors?			
Clinical Audit				
33	If the committee is NOT responsible for monitoring clinical audit, does it receive appropriate assurance from the relevant committee?			
34	If the committee is responsible for monitoring clinical audit has it: <ul style="list-style-type: none"> • Reviewed an annual clinical audit plan? • Received regular progress reports ? • Monitored the implementation of management of actions? • Received a report over the quality assurance processes covered by clinical audit activity? 			
Counter Fraud				
35	Does the committee review and approve the counter fraud work plans, and any changes to the plans?			

	Area/Question	Yes	No	Comments / Action
36	Is the committee satisfied that the work plan is derived from an appropriate risk assessment and that coverage is adequate?			
37	Does the audit committee receive periodic reports about counter fraud activity?			
38	Does the committee effectively monitor the implementation of management actions arising from counter fraud reports?			
39	Do those working on counter fraud activity have a right of direct access to the committee and its chair?			
40	Does the committee receive and review an annual report on counter fraud activity?			
41	Does the committee receive and discuss reports arising from quality inspections by NHSCFA?			

Please note below any areas where you feel the Committee does not function effectively or where you feel improvement could be made:

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Checklist 2 – 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 for the year.						
The committee has made a conscious decision about the information it would like to receive.						
Committee members contribute regularly to the issues discussed.						
The committee is aware of the key sources of assurance and who provides them						
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Theme 2 – committee team working						
The committee has the right balance of experience knowledge and skills to fulfil its role.						
The committee has structure its agenda to cover quality, data quality, performance targets and financial control.						
The committee ensure that the relevance executive director attends meetings to enable it to understand the reports and information it receives.						

Management fully briefs the committee on key risks and any gaps in control.						
Other committees provide timely and clear information in support of the audit committee.						
The committee environment enables people to express their views, doubts and opinions.						
Committee members understand the messages being given by external audit, internal audit and counter fraud specialists.						
Internal Audit contributes to the debate across the range of the agenda						
Members hold their assurance providers to account for late or missing assurance.						
Decisions and actions are implemented in line with the timescale set down.						
Theme 3 – committee effectiveness						
The quality of the committee papers received allows committee members to perform their roles effectively						
Members provide real and genuine challenge – they do not just seek clarification and/or reassurance.						
Debate is allowed to flow and conclusions reached without being cut short or stifled.						

Each agenda item is 'closed off' appropriately so that the committee is clear on the conclusion; who is doing what, when and how and how it is being monitored.						
At the end of each meeting the committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc.						
The committee provides a written summary report of its meetings to be Board.						
The Board challenges and understands the reporting from this committee.						
There is a formal appraisal of the committee effectiveness each year.						
Theme 4 – committee engagement						
The committee challenges management and other assurance providers to gain a clear understanding of their findings.						
The committee is clear about its role in relationship to other committees that play a role in relations to clinical governance quality and risk management.						
The committee receives clear and timely reports from other Board committees which set out the assurances they have received and their impact (either positive or not) on						

the organisations assurance framework.						
We 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.						
Theme 5 – committee leadership						
The committee chair has a positive impact on the performance of the committee.						
Committee meetings are chaired effectively.						
The committee chair is visible within the organisation and is considered approachable.						
The committee chair allows debate to flow freely and does not assert his/her own view too strongly.						
The committee chair provided clear and concise information the Board on committee activities and gaps in control.						