| Report Title | Results of the Governance, Risk and Audit Committee's Self-Assessment Exercise & Action Plan | | |
|---|--|------|--|
| Are there background papers? | ☐ Yes | No | |
| Exempt | ☐ Yes | ⊠ No | |
| Reason for Exemption? | | | |
| Decision for Full Council? | ☐ Yes | No | |
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| Telephone number | 01603 430138 | | |
| Are there Non Electronic Appendices? | ☐ Yes | ⊠ No | |
| List of Background Papers (if applicable) | | | |

| Agenda Item No | <u> </u> |
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Results of the Governance, Risk and Audit Committee's Self-Assessment Exercise and Action Plan

Summary: This report outlines the results of the self-assessment questionnaires

returned and completed by Members of the Governance, Risk and

Audit Committee and action plan from this.

Conclusions: Completion of a self-assessment provides feedback on the

effectiveness of the current arrangements and ensures that best practice is followed by the Governance, Risk and Audit Committee, and

good corporate governance is achieved.

Recommendation: That Members note the final scores for the first tool assessment, the

'Self-assessment of good practice' attached at Appendix 1 and the second tool assessment, 'Evaluating the impact and effectiveness of

the audit committee' attached at Appendix 2.

The Members review the action plan in Appendix 3 and consider

whether all improvement actions have been captured.

Cabinet member(s): Ward(s) affected:

All Al

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1. Background

- 1.1. The Chartered Institute for Public Finance and Accountancy (CIPFA) document on "Audit committees practical guidance for local authorities and police 2022" sets out the guidance on the function and operation of audit committees. It represents CIPFA's view of best practice. The guidance states the purpose of an audit committee "is to provide an independent and high-level focus on the adequacy of governance, risk and control arrangements."
- 1.2. In 2022 CIPFA updated its advice and guidance for Local Authority Audit Committee's and a new Audit Committee self-assessment template is now available.
- 1.3. Good audit committees are characterized by; objective, independent knowledgeable and properly trained members, a membership that promotes good governance principles, a strong, independently minded chair, an unbiased attitude, the ability to challenge when required.
- 1.4. It is good practice for audit committee members to review their knowledge and skills for example, as part of an annual self-assessment process or training needs analysis.

- 1.5. In addition, the Public Sector Internal Audit Standards also call for the Audit Committee to assess their remit and effectiveness, in relation to Purpose, Authority and Responsibility, to facilitate the work of this Committee.
- 1.6. The guidance provides two tools against which the Committee can assess itself. The first, 'Self-assessment of good practice' supports an assessment against recommended practice to inform and support the Committee under the areas of 'purpose and governance', 'functions of the Audit Committee', 'membership and support', and 'effectiveness of the committee'. Scores of 0 5, does not comply / major improvement to fully complies / no further improvement are the available options for the guestions.
- 1.7. The second assessment tool, 'Evaluating the impact and effectiveness of the audit committee' helps Members to consider where it is most effective and where there may be scope to do more. To be effective the Governance and Audit Committee should be able to identify evidence of its impact or influence. For each area, an evaluation of strengths, weaknesses and proposed actions is required. The areas are: -
 - Promoting the principles of good governance and their application to decision making;
 - Contributing to the development of an effective control environment;
 - Supporting the establishment of arrangements for the governance of risk and for effective arrangements to manage risks;
 - Advising on the adequacy of the assurance framework and considering whether assurance is deployed efficiently and effectively;
 - Supporting effective external audit, with a focus on high quality and timely audit work;
 - Supporting the quality of the internal audit activity, particularly by underpinning its organisational independence;
 - Aiding the achievement of the authority's goals and objectives through helping to ensure appropriate governance, risk, controls and assurance arrangements;
 - Supporting the development of robust arrangements for ensuring value for money;
 - Helping the authority to implement the values of good governance, including effective arrangements for countering fraud and corruption risks; and
 - Promoting effective public reporting to the authority's stakeholders and local community and measures to improve transparency and accountability.

2. Overall Position

2.1. Members were sent the two tool assessment documents detailed at 1.7 and 1.8 above to complete. The scores from the four returned were collated and are shown in **Appendix 1** and **Appendix 2**.

3. Conclusion

3.1 Completion of a self-assessment provides feedback on the effectiveness of the current arrangements and ensures that best practice is followed by the Governance and Audit Committee, and good corporate governance is achieved. There are some areas of improvement as detailed in the Action Plan at **Appendix 3**.

4. Recommendations

1) That Members discuss and review the returned scores, agreeing final scores for the first tool assessment, the 'Self-assessment of good practice' attached at Appendix 1 and the second tool assessment, 'Evaluating the impact and effectiveness of the audit committee' attached at Appendix 2, and consider whether improvement actions need to be developed in any areas.

Appendices attached to this report:

Appendix 1 – Self-Assessment of Good Practice 2024 (containing scores)

Appendix 2 - Evaluating the impact and effectiveness of the audit committee (containing scores)

Appendix 3 – Action Plan

Appendix 1

Self-assessment of good practice 2024

A regular self-assessment should be used to support the Governance and Audit Committee work programme, training plans and the annual report. This evaluation will support an assessment against recommended practice to inform and support the Governance and Audit Committee. This review incorporates the key principles set out in CIPFA's Position Statement: Audit Committees in Local Authorities and Police. Where an Audit Committee has a high degree of performance against the good practice principle's then it is an indicator that the committee is soundly based and has in place knowledgeable membership. These are essential factors in developing an effective Audit Committee.

| | Good Practice Questions | Does not comply | Partially complies and extent of improvement needed* | | Fully complies | |
|----|--|-------------------|--|----------------------|-------------------|------------------------|
| | | Major improvement | Significant improvement | Moderate improvement | Minor improvement | No further improvement |
| | Weighting of answers | 0 | 1 | 2 | 3 | 5 |
| Au | dit committee purpose and governance | | | | | |
| 1 | Does the authority have a dedicated audit committee that is not combined with other functions (e.g., standards, ethics, scrutiny)? | | | | | 5 |
| 2 | Does the audit committee report directly to the governing body (PCC and chief constable/full council/full fire authority, etc)? | | | | | 5 |
| 3 | Has the committee maintained its advisory role by not taking on any decision-making powers? | | | | | 5 |
| 4 | Do the terms of reference clearly set out the purpose of the committee in accordance with CIPFA's 2022 Position Statement? | | | | | 5 |
| 5 | Do all those charged with governance and in leadership roles have a good understanding of the role and purpose of the committee? | | | | 3 | 5 |
| 6 | Does the audit committee escalate issues and concerns promptly to those in governance and leadership roles? | | | | 3 | 5 |

| 7 | Does the governing body hold the audit committee to account for its performance at least annually? | 2 | | 5 |
|-----|--|---|---|---|
| 8 | Does the committee publish an annual report in accordance with the 2022 guidance, including: | | | |
| | Compliance with the CIPFA Position Statement 2022 | | 3 | 5 |
| | Results of the annual evaluation, development work undertaken and planned improvements | | 3 | 5 |
| | How it has fulfilled its terms of reference and the key issues escalated in the year? | | 3 | 5 |
| Fur | nctions of the committee | | | |
| 9 | Do the committee's terms of reference explicitly address all the core areas identified in CIPFA's Position Statement as follows? | | | |
| | Governance arrangements | | 3 | 5 |
| | Risk management arrangements | | 3 | 5 |
| | Internal control arrangements, including: • Financial management • Value for money • Ethics and standards • Counter fraud and corruption | | 3 | 5 |
| | Annual governance statement | | | 5 |
| | Financial reporting | | | 5 |
| | Assurance framework | | | 5 |
| | Internal audit | | | 5 |
| | External audit | | | 5 |
| | | | | |

| 10 | Over the last year, has adequate consideration been given to all | | | | | 5 |
|-----|---|---|---|---|---|---|
| | core areas? | | | | | |
| 11 | Over the last year, has the committee only considered agenda items that align with its core functions or selected wider functions, as set out in the 2022 guidance? | | | | 3 | 5 |
| 12 | Has the committee met privately with the external auditors and head of internal audit in the last year? | 0 | | | | 5 |
| Mei | mbership and support | | | | | |
| 13 | Has the committee been established in accordance with the 2022 guidance as follows? | | | | | |
| | Separation from executive | | | 2 | | 5 |
| | A size that is not unwieldy and avoids use of substitutes | | | | 3 | 5 |
| | Inclusion of lay/co-opted independent members in accordance with legislation or CIPFA's recommendation | 0 | | | 3 | |
| 14 | Have all committee members been appointed or selected to ensure a committee membership that is knowledgeable and skilled? | | 1 | 2 | 3 | 5 |
| 15 | Has an evaluation of knowledge, skills and the training needs of the chair and committee members been carried out within the last two years? | 0 | | | 3 | 5 |
| 16 | Have regular training and support arrangements been put in place covering the areas set out in the 2022 guidance? | 0 | | 2 | | 5 |
| 17 | Across the committee membership, is there a satisfactory level of knowledge, as set out in the 2022 guidance? | | 1 | 2 | | 5 |
| 18 | Is adequate secretariat and administrative support provided to the committee? | | | | | 5 |

| Max | | | | | | 200 | |
|------|--|---|---|---|---|-----|--|
| | Total score | | | | | | |
| 29 | Has this assessment been undertaken collaboratively with the audit committee members? | 0 | 1 | | | 5 | |
| 28 | Does the committee have an action plan to improve any areas of weakness? | 0 | | 2 | | 5 | |
| 27 | Has the committee evaluated whether and how it is adding value to the organisation? | 0 | | 2 | | 5 | |
| 26 | Do audit committee recommendations have traction with those in leadership roles? | | 1 | 2 | 3 | 5 | |
| 25 | Does the committee make recommendations for the improvement of governance, risk and control arrangements? | | | | 3 | 5 | |
| 24 | Does the committee engage with a wide range of leaders and managers, including discussion of audit findings, risks and action plans with the responsible officers? | | | 2 | 3 | 5 | |
| 23 | Has the committee maintained a non-political approach to discussions throughout? | | | | 3 | 5 | |
| 22 | Are meetings effective with a good level of discussion and engagement from all the members? | 0 | | | 3 | 5 | |
| 21 | Are meetings well chaired, ensuring key agenda items are addressed with a focus on improvement? | | | | | 5 | |
| 20 | Has the committee obtained positive feedback on its performance from those interacting with the committee or relying on its work? | 0 | | 2 | 3 | 5 | |
| Effe | Effectiveness of the committee | | | | | | |
| 19 | Does the committee have good working relations with key people and organisations, including external audit, internal audit and the CFO? | | | | 3 | 5 | |

Appendix 2

Evaluating the impact and effectiveness of the audit committee

An audit committee's effectiveness should be judged by the contribution it makes to and the beneficial impact it has on the authority's business. Since it is primarily an advisory body, it can be more difficult to identify how the audit committee has made a difference. Evidence of effectiveness will usually be characterised as 'influence', 'persuasion' and 'support'.

This assessment tool helps Audit Committee members to consider where it is most effective and where there may be scope to do more. Assessment Key:

- **5** Clear evidence is available from a number of sources that the committee is actively supporting the improvement across all aspects of this area. The improvements made are clearly identifiable.
- 4 Clear evidence from some sources that the committee is actively and effectively supporting improvement across some aspects of this area.
- **3** The committee has had mixed experience in supporting improvement in this area. There is some evidence that demonstrates their impact but there are also significant gaps.
- 2 There is some evidence that the committee has supported improvements, but the impact of this support is limited.
- 1 no evidence can be found that the audit committee has supported improvements in this area.

| Areas where the audit committee can have impact by supporting improvement | Examples of how the audit committee can demonstrate its impact | Key indicators of effective arrangements | Your assessment score (plus any strengths, weaknesses and proposed actions) |
|--|--|---|---|
| Promoting the principles of good governance and their application to decision making | Supporting the development of a local code of governance. Providing a robust review of the AGS and the assurances underpinning it. Supporting reviews/audits of governance arrangements. Participating in selfassessments of governance arrangements. Working with partner audit | Elected members, the leadership team and senior managers all share a good understanding of governance, including the key principles and local arrangements. Local arrangements for governance have been clearly set out in an up-to-date local code. The authority's scrutiny arrangements are forward looking and constructive. Appropriate governance arrangements established for all collaborations and arm's- | 4, 4, 5, 5 Small committee with active participation. Not well attended by observers. Therefore, works in isolation. More visible output reporting. |

| Contributing to the development of an effective control environment. | committees to review governance arrangements in partnerships. • Encouraging ownership of the internal control framework by appropriate managers. • Actively monitoring the implementation of recommendations from auditors. • Raising significant concerns over controls with appropriate senior managers | length arrangements. The head of internal audit's annual opinion on governance is satisfactory (or similar wording). The head of internal audit's annual opinion over internal control is that arrangements are satisfactory. Assessments against control frameworks such as CIPFA's FM Code have been completed and a high level of compliance identified. Control frameworks are in place and operating effectively for key control areas – for example, information security or procurement | 4, 5, 5, 5 Good work programme |
|--|--|--|--|
| Supporting the establishment of arrangements for the governance of risk and for effective arrangements to manage risks. | Reviewing risk management arrangements and their effectiveness, eg risk management maturity or benchmarking. Monitoring improvements to risk management. Reviewing accountability of risk owners for major/ strategic risks | A robust process for managing risk is evidenced by independent assurance from internal audit or external review | 1, 4, 5, 5, |
| Advising on the adequacy of the assurance framework and considering whether assurance is deployed efficiently and effectively. | Reviewing the adequacy of the leadership team's assurance framework. Specifying the committee's assurance needs, identifying gaps or overlaps in assurance. Seeking to streamline | The authority's leadership team have defined an appropriate framework of assurance, including core arrangements, major service areas and collaborations and external bodies | 3, 5, 5, 5 Request for more concise reports |

| Supporting effective external audit, with a focus on high quality and timely audit work. | assurance gathering and reporting. Reviewing the effectiveness of assurance providers, eg internal audit, risk management, external audit Reviewing and supporting external audit arrangements with focus on independence and quality. Providing good engagement on external audit plans and reports. Supporting the implementation of audit recommendations | The quality of liaison between external audit and the authority is satisfactory. The auditors deliver in accordance with their audit plan and any amendments are well explained. An audit of high quality is delivered | 4, 5, 5, 5 |
|--|--|--|---|
| Supporting the quality of the internal audit activity, in particular underpinning its organisational independence. | Reviewing the audit charter and functional reporting arrangements. Assessing the effectiveness of internal audit arrangements, providing constructive challenge and supporting improvements. Actively supporting the quality assurance and improvement programme of internal audit | Internal audit that is in conformance with PSIAS and LGAN (as evidenced by the most recent external assessment and an annual self-assessment). The head of internal audit and the organisation operate in accordance with the principles of the CIPFA Statement on the Role of the Head of Internal Audit (2019). | 4, 5, 5, 5 |
| Aiding the achievement of the authority's goals and objectives by helping to ensure appropriate governance, risk, | Reviewing how the governance arrangements support the achievement of sustainable outcomes. Reviewing major projects and programmes to ensure that | Inspection reports indicate that arrangements are appropriate to support the achievement of service objectives. The authority's arrangements to review and assess performance are satisfactory | 2, 4, 5, 5 Good governance enables good decision making |

| control and assurance arrangements | governance and assurance arrangements are in place. Reviewing the effectiveness of performance management arrangements | | |
|---|---|---|---|
| Supporting the development of robust arrangements for ensuring value for money. | Ensuring that assurance on value-for-money arrangements is included in the assurances received by the audit committee. Considering how performance in value for money is evaluated as part of the AGS. Following up issues raised by external audit in their value-formoney work. | External audit's assessments of arrangements to support best value are satisfactory | 4, 4, 5, 5 |
| Helping the authority to implement the values of good governance, including effective arrangements for countering fraud and corruption risks. | Reviewing arrangements against the standards set out in the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014). Reviewing fraud risks and the effectiveness of the organisation's strategy to address those risks. Assessing the effectiveness of ethical governance arrangements for both staff and governors | Good ethical standards are maintained by both elected representatives and officers. This is evidenced by robust assurance over culture, ethics and counter fraud arrangements). | 2, 5, 5, 5 |
| Promoting effective public reporting to the authority's stakeholders and local | Working with key members/ the PCC and chief constable to improve their understanding of the AGS and their | The authority meets the statutory deadlines for financial reporting with accounts for audit of an appropriate quality. The external auditor completed the audit of | 4, 5, 5, 5 Started a conversation with officers to improve the understandability of reports |

| community and measures |
|-------------------------|
| to improve transparency |
| and accountability |

- contribution to it.
- Improving how the authority discharges its responsibilities for public reporting – for example, better targeting the audience and use of plain English.
- Reviewing whether decision making through partnership organisations remains transparent and publicly accessible and encourages greater transparency.
- Publishing an annual report from the committee

- the financial statements with minimal adjustments and an unqualified opinion.
- The authority has published its financial statements and AGS in accordance with statutory guidelines.
- The AGS is underpinned by a robust evaluation and is an accurate assessment of the adequacy of governance arrangements

particularly financial reports. They should be condensed to an understandable format.

Action Plan Appendix 3

| Action | Owner | Date for completion | Progress |
|--|---|---------------------|----------|
| 1. Understand how the Governing Body holds the G, R & A Committee to account and identify any improvements to be made (this may be by the Full Council receiving GRAC's Annual Report) (Q7) | Cara Jordan Assistant Director Legal and Governance | | |
| 2. For the next annual report of the G, R &A Committee ensure the following are included: - Compliance with the CIPFA Position Statement 2022 Results of the annual evaluation, development work undertaken and planned improvements How it has fulfilled its terms of reference and the key issues escalated in the year. (Q8) | Cara Jordan Assistant Director Legal and Governance and Democratic Services Officer for the Committee | | |

| 3. | Update the G, R & A Committee's terms of reference to explicitly address all the core areas identified in CIPFA's Position Statement. (Q9) | Cara Jordan Assistant Director Legal and Governance and Democratic Services Officer for the Committee | | |
|----|---|---|--|--|
| 4. | Ensure that only agenda items that align with the Committee's core functions or selected wider functions are addressed. (Q11) | Democratic Services Officer for the Committee | Every meeting | |
| 5. | G, R & A Committee to meet privately with the external auditors and head of internal audit each year. (Q12) | Chair of GRAC | Meeting where External Auditors present their audit report | |
| 6. | G, R & A Committee to consider its size, whether the use of substitutes should continue and the inclusion of lay/co-opted independent members. (Q13) | Cara Jordan Assistant Director Legal and Governance | | |
| 7. | G, R & A Committee members to undertake an evaluation of their knowledge, skills and | Teresa Shaman, Head of Internal Audit to circulate this assessment | Summer 2024 | |

| | training needs every two years. (Q15) | | | |
|-----|--|--|----------------|-----------|
| 8. | As a result of the evaluation in 8 above, develop a training plan to address training needs of G, R & A Committee Members and arrange training. (Q16) | Cara Jordan Assistant Director Legal and Governance and Governance and Democratic Services Officer for the Committee | | |
| 9. | As a result of 9 above, if training cannot address any skills or knowledge gaps to a satisfactory level, consider revising the membership of the G, R & A Committee to address this. (Q14 & Q17) | Cara Jordan Assistant Director Legal and Governance and Democratic Services Officer for the Committee | | |
| 10. | Obtain feedback on G, R & A Committee's performance from those interacting with the committee or relying on its work (Q20) | Teresa Sharman, Head of Internal Audit to circulate feedback questionnaire | Summer 2024 | |
| 11. | Review results of Self- Assessment of Good Practice exercise at a committee meeting. (Q29) | Is on the agenda | June 2024 | Completed |
| 12. | Chair to ensure that: - | Chair of GRAC | During 2024/25 | |

| a) Issues and conc | | |
|--------------------|---------|--|
| are escalated pr | | |
| to senior mgmt. | (Q6) | |
| b) The Committee | has | |
| good working | | |
| relationships with | | |
| internal and exte | | |
| auditors and the | DoR | |
| (19) | | |
| c) Agenda items ar | re well | |
| discussed, with | | |
| engagement from | | |
| members (Q22) | | |
| d) The Committee | | |
| maintains a non- | | |
| political approac | | |
| discussions (Q2 | | |
| e) The Committee | | |
| engages with off | | |
| as necessary in | | |
| discussions of th | | |
| Committee's bus | siness | |
| (Q24) | | |
| f) Makes | | |
| recommendation | ns to | |
| improve risk, | | |
| governance and | | |
| control as neces | | |
| (Q25) and ensur | ies | |

| these have traction with mgmt. (Q26) | | | |
|---|---------------|------------|--|
| 13. Chair to ensure that a self-assessment exercise is completed annually (Q27) and that all the members participate. (Q29) | Chair of GRAC | March 2025 | |