**APPENDIX 2** 

## <u>CIPFA'S AUDIT COMMITTEES PRACTICAL GUIDANCE FOR LOCAL AUTHORITIES</u> <u>Evaluating the Effectiveness of the Audit & Governance Committee</u>

## Assessment key

| 5 | Clear evidence is available from a number of sources that the committee is actively supporting improvements 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   |

## Blackburn with Darwen Borough Council Audit & Governance Committee Effectiveness Assessment

| Areas where the audit committee can add value by supporting improvement               | Examples of how the audit committee can add value and provide evidence of effectiveness   | Self-evaluation, examples, areas of strength and weakness  | Overall assessment: 5 – 1 See key above |
|---|---|--|---|
| Promoting the principles of good governance and their application to decision making. | Supporting the development of a local code of corporate governance.  Providing robust review of the Annual Governance Statement (AGS) and the assurances underpinning it.  Working with key members to improve their understanding of the AGS and their contribution to it.  Supporting reviews/audits of governance arrangements.  Participating in self-assessments of governance arrangements.  Working with partner audit committees to review governance arrangements in partnerships. | The Committee reviews the draft AGS prior to approving it and monitors progress of actions agreed by responsible officers to address the significant issues identified in the previous year's AGS. It also receives regular internal audit and risk management progress reports during the year. The Committee considers the Risk Management Annual Report and the annual opinions from Internal Audit (IA) and External Audit, which support the AGS.  The Committee approves the IA annual audit plan, which classifies audit reviews by assurance area to ensure adequate coverage of the Council's risk, governance and control frameworks. It receives a summary of key findings and opinions from individual IA reviews supporting the overall opinion.  The Committee's terms of reference includes the review of the governance and assurance arrangements for | 4                                       |

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|---|--|--|---|
|   |  | significant partnerships or collaborations. The internal audit plan includes periodic reviews of key partnership arrangements.   |   |
|   |  | The Committee also receives an annual report on the Council's Significant Partnerships Register.   |   |
| Contributing to the development of an effective control environment.  | Actively monitoring the implementation of recommendations from auditors.  Encouraging ownership of the internal control framework by appropriate managers.  Raising significant concerns over controls with appropriate senior managers. | Regular IA Progress Reports are presented to the Committee. These include the results of the follow-up of internal audit recommendations, performance indicators relating to the percentage of recommendations implemented and commentary re outstanding 'must' level recommendations.  Senior officers attend the Committee meetings on request to update on the progress of actions from key reports as and provide explanations and updates on progress to address significant audit concerns.  The Committee reviews the summary of Management Accountability Framework (MAF) red priority areas of concern which have been identified by Directors.  The Committee is also authorised by the Council to investigate any activity within its terms of reference and to seek any information it requires from any employee, including those of partner organisations, and all employees are directed to co-operate with any request |   |
| Supporting the establishment of arrangements for the governance of risk and for effective arrangements to manage risks. | Reviewing risk management arrangements and their effectiveness, e.g. risk management benchmarking.  Monitoring improvements.   | made by the Committee.  The Committee receives the annual risk management report, which includes key events and achievements for the previous year and key developments for the next 12 months.  The corporate risk register summary identifies risk   | 5                                       |

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|--|---|--|---|
|  | Holding risk owners to account for major/strategic risks.   | owners at Director/senior officer level and tracks changes to residual risk scores. Regular reports are presented to Committee setting out the summary corporate risk register and risk management support activity that has taken place during the year. This includes the details of the risk management support provided by Zurich Municipal.   |   |
|  |   | The Committee identifies a corporate risk at three meetings a year to carry out a 'deep dive' review with the relevant risk owner or key contact as part of its work programme during the year.  |   |
| Advising on the adequacy of the assurance framework and considering whether assurance is deployed efficiently and effectively. | Specifying its assurance needs, identifying gaps or overlaps in assurance.  Seeking to streamline assurance gathering and reporting.  Reviewing the effectiveness of assurance providers, e.g. internal audit, risk management, external audit.                   | There is regular reporting of planned and actual coverage by Internal and External Audit. The Committee challenges opportunities for reliance on IA work by External Auditors and receives Internal and External Audit and Risk Management progress reports. The IA report includes audits in progress and an in-year review of resources and achievement of plan.   | 4                                       |
| Supporting the quality of the internal audit activity, particularly by underpinning its organisational independence.           | Reviewing the internal 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. | The Head of Audit & Assurance has right of access to, and regular briefings for, the Chair of the Audit & Governance Committee.  The Committee receives and approves the IA Charter and annual strategic statement, including details of reporting and monitoring arrangements, supporting the IA annual plan.  The External Auditors Audit Findings Report includes commentary on Internal Audit as part of their assessment of financial control arrangements. | 5                                       |

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|--|--|---|--|
|  |  | The Committee reviews the Internal Audit Quality Assurance Improvement Plan. The annual Head of Audit Opinion Report includes an assessment of IA performance and quality assurance. The Committee approved a Peer review approach for the external assessment of IA compliance with Public Service Internal Audit Standards (PSIAS) which was carried out during 2021. The overall judgement confirmed that the IA team conformed with the requirements of the PSIAS across all areas of focus.      |  |
| Aiding the achievement of the authority's goals and objectives through helping to ensure appropriate governance, risk, control and assurance arrangements. | Reviewing how the governance arrangements support the achievement of sustainable outcomes.  Reviewing major projects and programmes to ensure that governance and assurance arrangements are in place. | Work on these areas is included in Internal and External Audit plans on a risk assessed basis. IA reviews are classified under one of the three headings in the plan and the annual report. Plans include reviews of key capital and revenue projects. Additional ad hoc work may be carried out during the year on request from Directors.   | 4  |
|  | Reviewing the effectiveness of performance management arrangements.  | Internal audit progress reports include a summary of MAF red priority areas of concern.   |  |
|  | management arrangements.   | Performance management is not specifically identified in the Committee Terms of Reference. There are other processes in place within the Council's governance structure, which provide scrutiny and challenge for this area, as part of the Corporate Plan Scorecard monitoring arrangements, to hold Chief Officers and managers to account on a regular basis, such as the Corporate Assurance Board and PAM reporting processes as well as Members through PDS, SPT and Executive Board reporting. |  |
|  |  | Internal audit considers performance arrangements as part of any relevant audit and would report on them as   |  |

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|---|--|---|--|
|   |  | part of our progress reporting arrangements.  |  |
|   |  | The IA plan also considers specific Key Performance Indicator audits as part of the annual audit planning process.  |  |
| 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.  | Standing Financial Instruction 3 – Procurement and payment for Goods & Services, and Corporate Contract & Procurement Procedure Rules are in place as part of the control framework to ensure that value for money is considered in procurement activity. Regular Creditors and Contracts audits consider on compliance with these requirements.  The Committee receives the External Auditor's Audit Findings Report. This includes a section on value for money and an overall conclusion on the Council's arrangements for securing economy, efficiency and effectiveness in its use of resources. | 4  |
| 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 Code of Practice on managing the Risk of Fraud (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 members. | A Counter Fraud Policy and Strategy is in place supported by the Counter Fraud Policy Framework which includes a Fraud Response Plan, Whistleblowing Policy, Anti Money Laundering Policy and Members and Employees' Codes of Conduct.  The Internal Audit progress reports include oversight of counter fraud activity and results.  The Committee consider and approve the annual fraud risk assessment as part of the External Auditor's enquiries of those charged with governance.  The Committee receives the Counter Fraud Annual Report as part of the suite of annual reports which the      | 5  |

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|--|---|--|---|
|  |   | members consider prior to approval of the Annual Governance Statement.   |   |
| Promoting effective public reporting to the authority's stakeholders and local | Improving how the authority discharges its responsibilities for public reporting; for example, better targeting at the audience, plain English. | Audit & Governance Committee meetings are held in public with minimal Part 2 items. Agendas and reports are published on the Council internet website.         | 4                                       |
| community and measures to improve transparency and accountability.             | partnership organisations remains transparent   | An Annual Audit Committee report is prepared and considered by full Council, along with minutes of the meetings.   |   |
|  |   | Council Committee agendas, reports and minutes are also available on the internet via the Council website along with Executive Members' and Officer decisions. |   |
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