-	STANDARD 4: risks to the or		ody bases its decisions on good quality information and advice and identifies and mitigates inisation's purpose.		
No.	Guidance	Met?	Compliance Evidence – and what contributes to compliance		
4.1	The governing body ensures it receives good quality information and advice from staff and, where necessary, expert independent advisers, that is timely and appropriate to its strategic role and decisions. The governing body is able to evidence any of its decisions.	Yes	Committee timetable of meetings and reporting framework. Committee reporting. Reporting format and agendas regularly reviewed – crucial to review and manage volume and quality of information as this affects the quality of scrutiny and therefore the strength of assurance. Timing of reports in advance. Reporting timetable and business plan timeline. KPIs and benchmarking. Pursue external advice as required – e.g. stock condition survey, financial advice, pension advice, district heating options appraisal, EVH advice, ToE due process and external advice. Membership of external good practice bodies (SFHA, GWSF, SHN, SHARE etc.). Networking. Joint Drumcog work and training. Minutes of meetings with action points. Decision implementation tracker reports. Publication of minutes. Quarterly newsletter. Annual report. External audit. Internal audit. Independent Committee Appraisals. Business Planning strategy sessions – committee and staff, with external facilitation Training. Audit trails. Members able to question papers at meeting – discussion ensues (evidenced by minutes). Decision Time – Board Portal ToE due process and external advice.		
4.2	The governing body challenges and holds the senior officer to account for their performance in achieving the RSL's purpose and objectives.	Yes	Senior Officer Appraisal – twice per year. 360 appraisal and reviews. Committee meetings – scrutiny and questioning. Committee structure, responsibilities and delegated authorities (standing orders). Benchmarking. Business plan planning and reporting timelines. Minutes of meetings with action points.		

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			Decision implementation tracker reports. Internal audit. Committee Papers Ahead of Meetings. Director attending Committee to be held to account. Constructive & Positive relationship. Questions at meetings for providing assurance not just trying to trip people up. External review of systems – e.g. ongoing Internal Audit, Annual Committee review work, work with external governance and strategy specialists such as Linda Ewart, Allanpark Consultants etc
4.3	The governing body identifies risks that might prevent it from achieving the RSL's purpose and has effective strategies and systems for risk management and mitigation, internal control and audit.	Yes	Risk management policy and processes. Risk register. Quarterly review of risk register. SWOT analysis. Risk consideration built into reporting. Reporting timetable. Business plan timelines and monthly reporting. Internal audit – accepting audit findings and reports and working to improve outcomes rather than challenging (unless required due to errors). Internal auditor and others involved in risk register review. External audit. Budget setting process. Management accounts review quarterly, tracking performance against budget and KPIs. Policy framework. Internal procedures. Annual Review work. Memberships of professional bodies.

4.5	The RSL has an internal audit function. The governing body ensures the effective oversight of the internal audit programme by an audit committee or otherwise. It has arrangements in place to monitor and review the quality and effectiveness of internal audit activity, to ensure that it meets its assurance needs in relation to regulatory requirements and the Standards of Governance and Financial Management. Where the RSL does not have an audit committee, it has alternative arrangements in place to ensure that the functions normally provided by a committee are discharged.	Yes	Internal audit programme – minimum of twice yearly visits and plan over a number of years but can change to reflect change in risk areas. Internal audit Training for Committee Members Internal auditor reviews risk register and feeds back suggestions and decisions made as to what to focus on. Committee hold private sessions with Internal Auditor. Regular audit programme chosen independently by auditor. Tender for internal audit services. Tender process ensures auditors act with integrity. Review of audit report/recommendation & priorities set to implement. Full management committee deals with internal audit due to its level of importance to the Association and the need for everyone to be part of process and ensure compliance.
4.6	The governing body has formal and transparent arrangements for maintaining an appropriate relationship with the RSL's external auditor and its internal auditor.	Yes	Policy & Procedures. Tender Processes – price/quality ratio used. External audit last tendered 2019, Internal audit tendered 2019/20. Internal audit programmes. Auditor attends committee meetings. SLA & Data Sharing agreements with external auditors. Declaration of Interest. Code of Conduct. Audit plans and reviews. Auditor's management letter.

31/03/2023 Reviewed Version

4.4	Where the RSL is the parent within a	N/A
	group structure it fulfils its	
	responsibilities as required in our	
	group structures guidance to:	
	a) Control the activities of, and	
	manage risks arising from, its	
	subsidiaries;	
	 b) Ensure appropriate use of 	
	funds within the group;	
	 c) Manage and mitigate risk to 	
	the core business; and	
	Uphold strong standards of	
	governance and protect the	
	reputation of the group for investment	
	and other purposes.	