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Executive Summary

An enterprise risk assessment was performed at the Cancer Prevention and Research Institute of Texas ("CPRIT") in September 2013. The risk assessment identified the agency’s overall governance structure and stability as a high-priority risk that needed to be addressed.

As part of the audit, Internal Audit reviewed the effectiveness of the governance activities by evaluating the adequacy of existing policies and procedures for the Agency’s governance activities. The audit also focused on the overall duties and responsibilities of the Oversight Committee and subcommittees and how the governance structure fosters monitoring and communication.

The Oversight Committee continues to work towards establishing leading practices to become more efficient and effective in their governing process. However, during the FY2014 Governance internal audit, the following improvement opportunities were noted, in descending priority order:

- Continue to work with CPRIT staff to understand the agency’s strategic plan and help refine the program priority setting process
- Provide information further in advance of the Oversight Committee or subcommittee meetings to allow sufficient review time
- Provide additional guidance around the Open Meetings Act for Committee members
- Provide more robust formal roles and responsibilities training to subcommittees
- Continuously communicate grantee activity and results to Committee members
- Update policies and procedures on the CPRIT website to reflect current rules and processes
Background

CPRIT was established by the Texas Legislature in 2007, as authorized by Article 3, Section 67 of the Constitution of the State of Texas. The agency is authorized by the state to issue $3 billion in bonds to fund groundbreaking cancer research and prevention programs and services in Texas. To date, CPRIT has funded over 500 grants totaling almost $1 billion.

In November 2013, CPRIT’s governing board, the Oversight Committee was re-established through the appointment of nine new members by the Texas Governor, the Lieutenant Governor and the Speaker of the House to serve staggered terms. The Oversight Committee members have a range of experience including legal, medical, political, financial, and business development.

The Oversight Committee, led by the Chair William Rice, M.D. and the Vice-Chair Pete Geren, was given the following actions and priorities during FY2014 to help improve the agency’s commitment to regulatory and legislative compliance as well as the efficiency and effectiveness of the agency’s governance activities:

- Establish roles, responsibilities and terms for Oversight Committee officers
- Authorize general obligation bond issuance
- Develop materials and conduct orientation of new Oversight Committee members as appointed
- Approve publication of proposed administrative rules and adopt final rules after public comment period
- Hire permanent CEO
- Elect Oversight Committee officers
- Develop process for Oversight Committee to affirmatively vote to approve recommendations
- Establish annual priorities for Research, Prevention, and Product Development programs
- Develop and adopt a code of conduct and ethics
- Develop administrative rules and policies consistent with legislative action
- Develop policy prohibiting discussion of grant recommendations between CEO and Oversight Committee members

State leadership imposed a moratorium on new grant awards in December 2012. When the Oversight Committee was re-established at the end of October 2013, state leadership lifted the moratorium that had been imposed almost a year earlier. At its first meeting on November 1, 2013, the new Oversight Committee reinstated agency grant award operations. With that action, the agency finalized grant contracts initially approved in August and December 2012, resumed review of submitted grant applications, released new requests for grant applications, and finalized development of revised administrative rules required by statutory changes made through SB 149.
The Oversight Committee held three meetings in quick succession between November 22, 2013, through February 19, 2014, to organize the Committee by electing officers and organizing their subcommittees and to address the backlog of agency business including the approval of grant awards, approval of major service contracts, and adoption of the changes to the agency’s administrative rules. Currently, there are seven subcommittees that have been established to assist the Oversight Committee with its tasks and responsibilities.

The Oversight Committee members must serve on at least one programmatic subcommittee, which is designed to develop a vision, set policies for the Oversight Committee's adoption, and ensure that the agency properly exercises its duty to award grants for prevention, scientific research, and product development. The Oversight Committee members also serve on at least one other subcommittee that focuses on board governance and ethics, audit, nominations, or diversity. See Appendix A for the current subcommittee assignments.

Audit Objectives and Scope
The objectives of the audit were to assess CPRIT’s current governance practices. The specific audit objectives were:

- Evaluate the adequacy of existing policies and procedures for the Agency’s governance activities
- Assess the responsibilities of the Oversight Committee to verify compliance with laws and regulations and CPRIT policies and procedures
- Review the responsibilities of the Oversight Committee’s subcommittees to verify compliance with expectations set forth in CPRIT’s policies and procedures related to participation, communication, transparency, and monitoring
In order to assess the governance activities, Internal Audit focused on the following areas:

- CPRIT’s policies and procedures
- Code of conduct and ethics policies
- Conflicts of interest, disclosure, and transparency procedures
- Subcommittee structure and assigned responsibilities
- Communication between the Oversight Committee and Subcommittees

Although Texas legislation may potentially change procedural and reporting requirements for CPRIT, the audit performed was designed to evaluate and test compliance with established policies and procedures as of May 2014. Internal Audit interviewed the Oversight Committee members and reviewed documentation for governance activities that were established during Fiscal Year 2014.

**Testing Methodology and Approach**

InternalAudit reviewed policies and procedures for the agency including the Oversight Committee and its subcommittees. The review included the following:

- Oversight Committee Bylaws
- Charters for Board Governance and Ethics, Audit, and Nominations Subcommittees
- Code of Conduct and Ethics
- Agency Policies and Procedures (as of 2009)
- Updated Draft Administrative Rules
- Health and Safety Code 102 as amended by the 83rd Legislature
- January 2014 Oversight Committee Board Packet

Internal Audit interviewed all nine members of the Oversight Committee telephonically using a board self-assessment questionnaire as a guideline for the discussions. Participants included the following individuals:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>William Rice, M.D.</td>
<td>Oversight Committee - Chair</td>
</tr>
<tr>
<td>Pete Geren</td>
<td>Oversight Committee - Vice Chair</td>
</tr>
<tr>
<td>Amy Mitchell</td>
<td>Oversight Committee - Secretary</td>
</tr>
<tr>
<td>Angelos Angelou</td>
<td>Oversight Committee - Member</td>
</tr>
<tr>
<td>Gerald Geistweidt</td>
<td>Oversight Committee - Member</td>
</tr>
<tr>
<td>Ned Holmes</td>
<td>Oversight Committee - Member</td>
</tr>
<tr>
<td>Will Montgomery</td>
<td>Oversight Committee - Member</td>
</tr>
<tr>
<td>Cynthia Mulrow, M.D., MSc., MACP</td>
<td>Oversight Committee - Member</td>
</tr>
<tr>
<td>Craig Rosenfeld, M.D.</td>
<td>Oversight Committee - Member</td>
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**Statement of Auditing Standards**

This internal audit was conducted in accordance with generally accepted government auditing standards (GAGAS). The internal audit also follows the guidelines set forth by the Institute of Internal Auditors (IIA) and conforms to the Standards for the Professional Practice of Internal Auditing, the code of ethics contained in the Professional Practices Framework as promulgated by the IIA.
Although due professional care in the performance of this audit was exercised, this should not be construed to imply that unreported irregularities do not exist. The deterrence of fraud is the responsibility of management. Audit procedures alone, even when executed with professional care, do not guarantee that fraud will be detected. Specific areas for improvement are addressed later in this report.
Observations, Findings, and Recommendations

The Committee of Sponsoring Organizations’ (COSO) is an organization that provides thought leadership through the development of comprehensive frameworks and guidance on enterprise risk management, internal control and fraud deterrence designed to improve organizational performance and governance and to reduce the extent of fraud in organizations. The ERM framework (shown below) asserts that a well-designed and effectively operating enterprise risk management function can provide reasonable assurance to management and the board of directors regarding achievement of an entity’s objectives.

The enterprise risk management framework show how key elements relate to CPRIT’s governance structure:

- The internal environment and objectives setting components set the “tone at the top” for the agency and set the foundation by providing fundamental discipline and structure.
- The event identification, risk assessment and risk response components identify relevant risks to achieving the agency’s predetermined objectives.
- The control activities are the policies, procedures, and practices that ensure management objectives are achieved and risk mitigation strategies are carried out.
- The information and communication and monitoring components are pervasive throughout, affecting all elements of the framework.

Implementing key elements of the framework would contribute to the agency’s long-term success by improving organizational performance and governance.

**Internal Environment**

The internal environment encompasses the tone of an organization, and sets the basis for how risk is viewed and addressed by an entity’s people, including risk management philosophy and risk appetite, integrity and ethical values, and the environment in which they operate. Internal Audit examined the agency’s overall strategy and mission and also examined the current code of conduct and ethics as well as policies and procedures in place to monitor compliance with the established code, legal requirements, and agency requirements. The following table includes our observations, findings and recommendations, as appropriate.

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1 [http://www.coso.org/aboutus.htm](http://www.coso.org/aboutus.htm)
<table>
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<tr>
<th>Key COSO Principle</th>
<th>Observation</th>
<th>Result / Recommendation</th>
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| Demonstrates commitment to integrity and ethical values | • The CPRIT website includes the agency’s purpose, powers, and duties.  
• The CPRIT website includes a specific section for “Ethics and Compliance” which has references to agency specific statutes, rules, and policies, and the Code of Conduct and Ethics.  
• The Code of Conduct incorporates the Agency’s enforcement policies that state employees are subject to discipline, or termination, for violating the established rules and guidelines within the Code of Conduct. | No findings noted         |
| Exercises oversight responsibility | • The Oversight Committee bylaws include the general powers of the Committee and the subcommittees.  
• The bylaws also include guidelines for the Chairperson, Vice Chairperson, and the officers at CPRIT. | No findings noted         |
| Establishes structure, authority, and responsibility | • The Board Governance and Ethics Subcommittee reviews and recommends proposed changes for approval to the Oversight Committee with respect to Bylaws, policies and administrative rules of the Institute, legislation regarding or affecting the Institute, and the delegation of authority to the CEO, and reviews the ethics policies of the Institute and their administration.  
• The Board Governance and Ethics Subcommittee also reviews, at least annually, the internal policies and processes of the Oversight Committee. | No findings noted         |
| Demonstrates commitment to competence | • The Nominating Subcommittee is responsible for reviewing and reporting to the Oversight Committee regarding the composition and effectiveness of the Institute’s advisory committees  
• The Subcommittee also identifies qualified individuals for appointment as members of advisory committees | No findings noted         |
Internal Audit determined that adequate policies, procedures, and processes were in place to verify that a sound internal environment was established and that acceptable governance practices were established at the agency.

**Objective Setting**

Objectives must exist before management can identify potential events affecting their achievement. Enterprise risk management ensures that management has in place a process to set objectives and that the chosen objectives support and align with the entity’s mission and are consistent with its risk appetite. The objectives provide a high level plan for what the organization seeks to achieve, including its overall direction, risk environmental, differentiating capabilities and the infrastructure needed. Strategy is often presented in the form of overall goals, initiatives and tactics. The following table includes our observations, findings and recommendations, as appropriate.

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<tr>
<th>Key COSO Principle</th>
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| Enforces accountability  | • The agency includes links on their website to the State Auditor’s Office Hotline to report fraud, waste, and/or abuse.  
  • The Compliance Program, operated under the direction of the Chief Compliance Officer, ensures that Oversight Committee members and all other committee members, Institute employees, grant applicants and recipients, and contract service providers are expected to comply with the laws, regulations, rules, and policies of conduct as well as professional standards and ethics. | No findings noted       |
| Specifies suitable objectives | • Objectives have been set by the Agency bylaws and state laws.  
  • The Oversight Committee members are still familiarizing themselves with the agency rules and requirements due to the short timeframe since their appointments (less than one year at the time of this audit).  
  • The Oversight Committee noted that they have additional opportunities to improve CPRIT’s strategic direction through the program priority setting process. | CPRIT staff should work with the Oversight Committee to ensure they understand the agency’s strategic plan. |

**Management Response:** Management concurs with the recommendation. Currently, CPRIT relies upon two strategic planning efforts: (1) agency participation in the statewide strategic plan; and (2) program priorities for the agency set by the Oversight Committee. The differences between these two strategic planning efforts and
their relative usefulness have been discussed in public Oversight Committee meetings. Other than these two planning efforts, no agency strategic plan exists or has been discussed.

**Statewide Strategic Plan** - The agency creates and submits information for the statutorily-mandated statewide strategic plan controlled by the Legislative Budget Board and the Governor’s Office. The statewide strategic plan is used to set the appropriations bill format and may be of limited use as an agency planning document for the governing board.

**Program Priorities Project** - A new provision of Texas Health & Safety Code § 102.107 requires the Oversight Committee to: “annually set priorities as prescribed by the legislature for each grant program that receives money under this chapter.” The Oversight Committee initiated the Program Priority Project effort to establish priorities within each program and between the three programs (scientific research, prevention, and product development). The entire Oversight Committee and CPRIT executive staff are involved in this project. Management expects the program priorities determined by the Oversight Committee to be useful to staff in developing Request for Applications, as well as to peer reviewers while examining applications submitted to CPRIT. Program priorities will also inform funding decisions made by the Program Integration Committee and the Oversight Committee.

Much of the Program Priority Project work has taken place during the period of this internal audit. Work completed during this time includes development of the parameters and scope of the project, contracting with a professional facilitator, subcommittee discussions about individual program priorities, and a full Oversight Committee work session to review and further develop the program priorities document. As of this writing, the Program Priority Project is nearing completion, with preliminary approval of program priorities scheduled for the Oversight Committee meeting on November 19, 2014.

**Person Responsible**: Wayne Roberts  
**Target Date for Implementation**: November 19, 2014

**Event Identification, Risk Assessment, and Risk Response**

Event identification, as defined by the COSO framework, is made up of the internal and external events affecting achievement of an entity's objectives. Risks associated with these events should be identified and managed taking into consideration risks and opportunities. This process is closely linked to the risk assessment process in which risks are analyzed, considering likelihood and impact, as a basis for determining how they should be managed. Similarly, the risk response is how management decides to avoid, accept, reduce, or share risk. Management should develop a set of actions to align risks with the agency's risk appetite. The following table includes our observations, findings and recommendations, as appropriate.

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<tr>
<th>Key COSO Principle</th>
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<tr>
<td>Identifies and analyzes risk</td>
<td>• The Audit Subcommittee is tasked to oversee CPRIT’s risk management and audit requirements. The subcommittee works to ensure that there are sufficient policies and practices in place to control standard risks in the operations, accounting, and regulatory compliance of CPRIT as a state agency.</td>
<td>No findings noted</td>
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</table>
As a result of the review, Internal Audit determined that adequate procedures around CPRIT’s risk assessment and response are in place to verify that agency objectives could be achieved.

**Control Activities**

Control activities are the policies, procedures, and practices that ensure management objectives are achieved and risk mitigation strategies are carried out. Control activities are categorized based on the nature of the organization and can add significant value to the organization if they are designed and operating effectively. The following table includes our observations, findings and recommendations, as appropriate.

<table>
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<th>Key COSO Principle</th>
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<tr>
<td>Identifies and analyzes significant change</td>
<td>• Due to the sweeping changes at the agency, an enterprise risk assessment (ERA) was performed in September 2013 under the direction of CPRIT’s Compliance Officer. The ERA identified CPRIT’s risk universe and developed a risk action plan for the highest priority enterprise risks.</td>
<td>No findings noted</td>
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</tbody>
</table>
| Selects and develops control activities                  | • CPRIT has established control activities throughout the agency covering the grants management programmatic requirements, the financial reimbursement process, internal fiscal processes, and information technology.  
  • These controls are tested on a regular basis by internal audit, external audit, and other state agencies. | No findings noted                                            |
| Deploys through policies and procedures                  | • CPRIT’s Application and Funding Awards Policies and Procedures Guide posted online was last updated in 2009 and have not been updated to reflect the recent changes in the Administrative Code. | Management should revise the Policies & Procedures Guide to reflect the changes in the Administrative Code.  
  Management should also consider reviewing the guide on an annual basis to verify the latest updates or changes have been incorporated. |

**Management Response:** Management concurs with the recommendation. Management notes that agency statements of general applicability that implement, interpret, or enforce state law or CPRIT policies must follow the requirements of the Texas Administrative Procedure Act (APA). In order for an agency statement to have the force of law and compel compliance through threat of enforcement, the APA requires a formal rulemaking process that includes notice and opportunity for public input. Failure to follow the APA
rulemaking process to set agency policy may result in legal challenges and a finding that the agency engaged in illegal ad hoc rulemaking.

CPRIT initiated a major rulemaking project consistent with the APA in November 2013. This was the first major revision to agency policies since CPRIT adopted administrative rules in 2009. The new rules and rule revisions implement recommendations made by the State Auditor’s Office in its January 2013 report, Grant Management at the Cancer Prevention and Research Institute of Texas and Selected Grantees, and conform agency practices to legislative requirements enacted by the 83rd legislative session. Many of the policy changes implemented through the new rules and rule changes prescribe behavior of agency staff, board members, applicants, peer reviewers, and grant recipients. The changes increased the number of CPRIT’s administrative rules from 33 rules to 48 rules. In addition to substantive changes made to 19 existing rules, 18 new rules were adopted. CPRIT has made several additional changes to administrative rules to further clarify agency policies and procedures following the major rulemaking project that concluded earlier this year.

Since the new policies have been adopted via the rulemaking process, CPRIT has provided notice to individuals affected by the new rules and rule changes through training, written communication, and updated forms. Agency rules are available through CPRIT’s website. Agency staff is currently updating the Policies and Procedures Guide as an additional source of guidance about the rule requirements. CPRIT will establish a schedule to annually review and update the Policies and Procedures Guide to reflect any new rules or rule changes.

Person Responsible: Kristen Doyle / Lisa Nelson
Target Date for Implementation: November 1, 2014

Information and Communication
Information and communication support all other control components by communicating control responsibilities to employees and by providing information in a form and timeframe that allows people to carry out their duties. The following table includes our observations, findings and recommendations, as appropriate.

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<tr>
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<th>Result / Recommendation</th>
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<tr>
<td>Uses relevant information</td>
<td>• The CPRIT staff provides information to the Oversight Committee prior to the meeting, including explanatory memos.</td>
<td>CPRIT staff should provide information to the Oversight Committee further in advance of the Oversight Committee and subcommittee meetings to give the members enough review time prior to meetings.</td>
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<tr>
<td>Key COSO Principle</td>
<td>Observation</td>
<td>Result / Recommendation</td>
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| Communicates internally | • The Oversight Committee members requested additional clarification around appropriate communication within the constraints of the Administrative Code and the Open Meetings Act.  
• Some subcommittees are still in development and are working towards setting goals and establishing regular meetings. | CPRIT legal counsel should provide the Oversight Committee members with guidance around key provisions of the Open Meetings Act. |
| Communicates externally | • The Oversight Committee holds regularly scheduled quarterly meetings and posts agendas and meeting minutes to their website for all employees and stakeholders to view.  
• CPRIT’s new Administrative Code Rules mandate that the Compliance Program ensures that agency operations conform to federal and state regulations, and that such operations are undertaken consistent with the Institute's administrative rules, policies, and procedures. The Compliance Program oversees the Institute's activities related to the reporting and investigation of suspected compliance violations. Regular reports are made by the Compliance Officer at each Oversight Committee meeting. | No findings noted. |

Internal Audit determined that adequate processes and procedures were in place to verify that methods for communication of control responsibilities or other matters affecting the functioning of internal control components were established. Additional guidance around key provisions of the Open Meetings Act should be provided to the Oversight Committee.

CPRIT staff’s efforts to provide the Oversight Committee with briefing memos and other background materials to ensure they are prepared for meetings has placed a larger burden on the small staff, and in many cases on the same few individuals, to prepare these documents while managing the day-to-day operations of the agency. To compound the staff resource issue, the volume of Committee and subcommittee meeting preparation was high from November 2013 through February 2014 with the organization of subcommittees and the Oversight Committee holding four meetings during that period which coincided with the first four months of their appointments. With the Oversight Committee’s adoption of regularly scheduled Oversight Committee and subcommittee meetings once every quarter, CPRIT staff should disburse information further in advance of the meetings.
Management Response:
Management concurs with the recommendation. Since the audit period, CPRIT has added more staff, standardized meeting procedures, and addressed the considerable backlog of action items that confronted the newly constituted Oversight Committee when CPRIT resumed normal operations late last year. These steps should improve the amount of time that Oversight Committee members have to review information prior to regular meetings.

Similarly, since the audit period CPRIT has addressed timing challenges associated with subcommittee meetings by adopting an established schedule for all regular subcommittee meetings through FY2015. The number and frequency of subcommittee meetings adds significantly to the demand for document production from executive staff. The adoption of a regular subcommittee schedule for meetings taking place prior to quarterly Oversight Committee meetings will help staff’s ability to plan and adjust for document production.

Because the Oversight Committee meets four times per year, the number of significant agenda items and award recommendations as well as the volume of supporting documents is not likely to diminish. Management is sensitive to the problems created for the Oversight Committee when members must review a significant amount of material in a short period of time and is committed to addressing this issue by ensuring that members have at least five business days to review written material to be taken up at a regular Oversight Committee meeting or subcommittee meeting.

**Person Responsible:** Wayne Roberts / CPRIT Executive Staff  
**Target Date for Implementation:** February 2015

Management Response:
Management concurs with the recommendation. Open Meetings Act guidance is a component of new Oversight Committee member training. Since the audit period, General Counsel has provided Oversight Committee members with written guidance regarding common issues arising under the Open Meetings Act. While members are able to seek guidance individually from General Counsel at any time, the entire Oversight Committee was also provided the opportunity to seek legal advice regarding the Open Meetings Act during a recent executive session. The General Counsel will address changes, if any, to the Open Meetings Act following each legislative session via an Oversight Committee briefing.

**Person Responsible:** Kristen Doyle  
**Target Date for Implementation:** August 14, 2014
Monitoring
Monitoring includes the external oversight of internal controls by management or other parties outside the process; or the application of independent methodologies, like customized procedures or standard checklists, by employees within a process. The following table includes our observations, findings and recommendations, as appropriate.

<table>
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<tr>
<th>Key COSO Principle</th>
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| Conducts ongoing and/or separate evaluations| • As required by Sec. 102.053 of the Health and Safety Code, CPRIT is required to undergo an independent financial audit of its activities from a certified public accounting firm and provide results to the State Comptroller and the Oversight Committee.  
  • As part of the review, Internal Audit performed inquiries of all the Committee members to help self-assess their performance. These self-assessments were used to gather information about the current state of the Committee and determine areas for improvement. Detailed results of these discussions can be found in Appendix B. | No findings noted        |
| Evaluates and communicates deficiencies     | • The Audit Subcommittee is tasked to assist the Oversight Committee in fulfilling responsibilities related to monitoring the audit, financial, and compliance functions of the Institute to assure the transparency and integrity of the Institute's operations and use of taxpayer funds.  
  • CPRIT must comply with TAC Sec. 701.7 which states that the Compliance Program will ensure that Oversight Committee members and all other committee members, Institute employees, grant applicants and recipients, and contract service providers are in compliance with the laws, regulations, rules, and policies of conduct as well as professional standards and ethics. TAC Sec. 701.7 also states that the Compliance Program should include systems and activities to detect and report instances of conduct that do not conform to the laws and policies, as well as the timely response to non-conforming conduct. | No findings noted        |

As a result of the review, Internal Audit determined that adequate monitoring procedures were in place.
Conclusion

As part of the audit, Internal Audit reviewed the effectiveness of the governance activities by evaluating the adequacy of existing policies and procedures for the Agency’s governance activities. The audit also focused on the overall duties and responsibilities of the Oversight Committee and subcommittees and how their governance structure fosters the necessary monitoring and communication.

The Oversight Committee continues to work towards establishing leading practices to become more efficient and effective in their governing process. However, during the FY2014 Governance review, Internal Audit identified the following potential areas for improvement:

- Offer guidance to Oversight Committee members in understanding the agency’s strategic plan
- Provide information, such as agendas, research materials, and memos, at least one week prior to the scheduled meeting to ensure the committee members have sufficient review time
- Provide clarity and guidance around the Open Meetings Act and Administrative Code limitations on Oversight Committee members’ communication

In addition, as a result of discussions with the Oversight Committee members, Internal Audit recommends the following:

- Establish formal communication and sufficient advance scheduling of subcommittee meetings: meeting dates for all the subcommittees should be established at the start of each year to ensure members have sufficient notice to attend
- Provide more robust formal roles and responsibilities training to subcommittee: using the responsibilities outlined in the subcommittee charters, ensure that all members understand their roles and expectations
- Continuously communicate grantee activity and results to committee members: committee members would like more opportunities for continuing education and training for industry specific topics such as current scientific breakthroughs or methods to reduce the burden of cancer
Appendix A – CPRIT Subcommittee Structure

**Board Governance & Ethics**
- Amy Mitchell - Chair
- Gerald Geistweidt
- Pete Geren
- Ned Holmes

**Audit**
- Angelos Angelou - Chair
- Will Montgomery
- William Rice, M.D.

**Nominations**
- Gerald Geistweidt
- Ned Holmes
- William Rice, M.D.
- Craig Rosenfeld, M.D.

**Diversity Workgroup**
- Cynthia Mulrow, M.D., MSc., MACP - Chair
- Amy Mitchell

**Product Development**
- Craig Rosenfeld, M.D. - Chair
- Angelos Angelou
- Ned Holmes

**Scientific Research**
- William Rice, M.D. - Chair
- Gerald Geistweidt
- Will Montgomery

**Prevention**
- Cynthia Mulrow, M.D., MSc., MACP - Chair
- Pete Geren
- Amy Mitchell
Appendix B – Oversight Committee Self-Assessment Results

The self-assessment is designed to help CPRIT evaluate the Oversight Committee’s performance and identify areas for improvement going forward. The assessment identifies areas in which the Committee is operating strongly but also highlights areas for improvement. The output of the assessment is intended to aid in discussions amongst CPRIT and its Committee members that result in the greatest outcome for the agency. Internal Audit interviewed all nine members of the Oversight Committee using a board self-assessment questionnaire as a basis. The results are as follows:

Overall, the Oversight Committee members stated that the onboarding process was very effective and that CPRIT staff has been very helpful since their appointments.