

Audit and Risk Committee Charter v4.0



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Version: 4.0

1. The Charter

This document, to be known as the Audit and Risk Committee Charter (the Charter), has been approved by the Gold Coast Hospital and Health Board (the Board). Any previous version of the Charter/Terms of Reference is hereby revoked.

The Charter establishes the Audit and Risk Committee's purpose, function, membership, guiding principles, reporting and administrative arrangements.

2. Purpose

The Gold Coast Hospital and Health Service is a statutory body under the *Financial Accountability Act 2009* and the *Statutory Bodies Financial Arrangements Act 1982*, and is a unit of public administration under the *Crime and Corruption Act 2001*.

The Audit and Risk Committee (the Committee) reports directly to the Board and functions under the authority of the Board in accordance with the *Hospital and Health Boards Act 2011*, Section 30.

The purpose of the Committee is to provide independent advice and make recommendations to the Board in fulfilling its oversight responsibilities as prescribed in the *Financial Accountability Act 2009*, the *Auditor-General Act 2009*, the *Financial Accountability Regulation 2012* and the *Financial and Performance Management Standard 2009*, section 35 for the:

- integrity of the financial statements
- compliance with legal and regulatory requirements
- independent auditor's qualification and independence
- performance of the internal audit function
- efficient and effective management of risk.

3. Scope and function

The Charter has regard to:

- The *Hospital and Health Board Regulation 2012 (QLD)* (Ref.34)
- Queensland Treasury, Audit Committee Guidelines: Improving Accountability and Performance Policy 2012 applies <https://s3.treasury.qld.gov.au/files/improving-performance.pdf>
- Recognised corporate governance and risk management standards and principles.

The summary of scope and functions:

- (a) Assessing the adequacy of the financial statements, having regard to the following:
 - i. The appropriateness of the accounting practices used
 - ii. Compliance with prescribed accounting standards under the *Financial Accountability Act 2009*
 - iii. External audits of GCHHS's financial statements
 - iv. Information provided by GCHHS about the accuracy and completeness of the financial statement.
- (b) Monitoring GCHHS's compliance with its obligations to establish and maintain an internal control structure and systems of risk management under the *Financial Accountability Act 2009*, including whether GCHHS has appropriate policies and procedures in place and is complying with them.
- (c) Monitoring and advising the Board on the internal audit function in line with the requirements

of the *Financial and Performance Management Standard 2009*, Part 2, Division 5.

- (d) Overseeing GCHHS's liaison with the Queensland Audit Office in relation to GCHHS' proposed audit strategies and plans, including compliance to any performance management audits undertaken.
- (e) Assessing external audit reports of GCHHS and the adequacy of actions taken by the GCHHS as a result of the reports.
- (f) Monitoring the adequacy of GCHHS's management of legal and compliance risks and internal compliance systems, including the effectiveness of the systems in monitoring compliance by GCHHS with relevant laws and government policies.
- (g) Assessing GCHHS's complex or unusual transactions or series of transactions.
- (h) Any other function given to the Committee by the Board, if the function is not inconsistent with the above.

4. Authority and Decision Making

The Committee has an oversight role and does not replace or replicate management's primary responsibilities and delegations, the responsibilities of other executive management groups within the Gold Coast Hospital and Health Service (GCHHS), or either internal audit or external audit functions.

The Committee is advisory in nature, and does not hold financial, procurement or any other form of delegation on behalf of the Board. The Committee is a "prescribed committee" under Part 7, s31 of the *Hospital and Health Boards Regulation 2012*. The Committee has no Executive powers; it may pass resolutions however it is not authorised to make decisions.

A resolution is validly made by the Committee, even if it is not passed at a meeting, if most of the Committee members give written agreement to the resolution and notice of the resolution is given under procedures approved by the Committee.

In discharging its responsibilities, the Committee has the following authorities:

- The Chair of the Committee can access all information and personnel that are reasonably required to fulfill the Committee Charter.
- The Chair of the Board and the Chief Executive will be consulted where information requests are considered of a private, sensitive, or confidential nature.
- The Committee may request the attendance of any member of the Executive Management Team, including the Chief Executive, or member of the Board, at a Committee meeting.
- The Committee may seek advice from external advisors, including legal or financial advisors, with approval of the Board.
- The Committee may recommend investigations, reviews, and reports on matters within its Charter.
- The Committee has no power to direct external audit, or the way the external audit is planned or undertaken.
- The Committee may recommend matters to the Board for approval or noting.
- Issues unable to be resolved by the Committee are escalated to the Board.

The Chair of the Committee has the authority to create relevant sub-committees or other subordinate bodies deemed necessary to assist the Committee in discharging its responsibilities.

The Committee is part of the GCHHS's corporate governance framework. To the extent that there is any overlap in the responsibilities of the Committee and other committees of the Board, those committees shall, directly or through the Board or management, endeavour to ensure that the overlap is dealt with in an appropriate manner. The Committee shall refer any issues that relate more appropriately to another committee to that other committee.

5. Guiding Principles

The Committee must recognise and adhere to the principles set out in the *Hospital and Health Boards Act 2011*, *Hospital and Health Board Regulation 2012*, the *Public Service Act 2008* and the *Financial Accountability Act 2009* in carrying out the Committee's function.

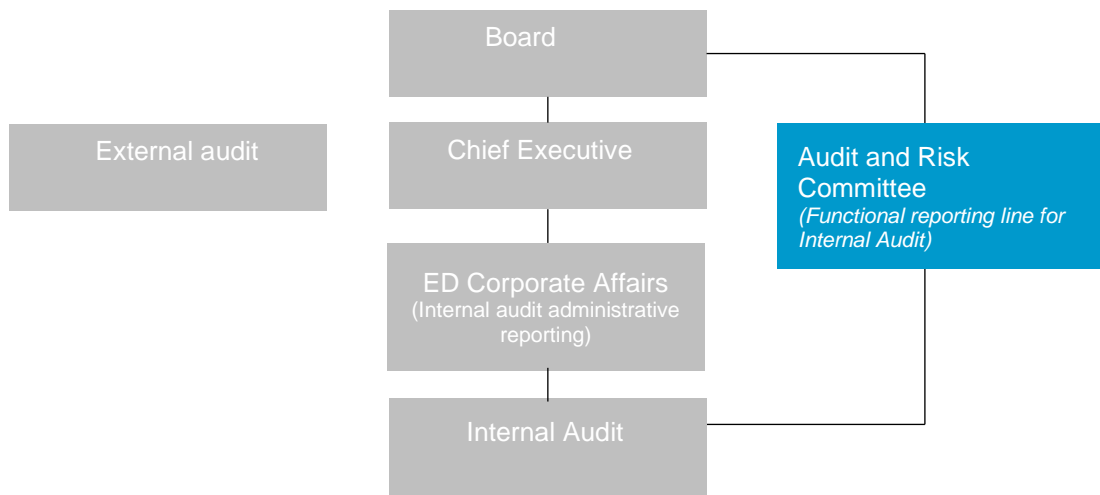
The relevant principles from the above-mentioned legislation are contained in **Appendix 1** of this Charter. The Committee must also conduct itself in accordance with the GCHHS values below:

Values	
Integrity	To be open and accountable to the people we serve
Community First	To have the patients and the community's best interest at heart
Excellence	To strive for outstanding performance and outcomes
Respect	To listen, value and acknowledge each other
Compassion	To treat others with understanding and sensitivity
Empower	To take ownership and enable each other to achieve more

6. Relationships

The Committee reports directly to the Board.

Functionally for operations, internal audit reports to the Committee and administratively reports to the Executive Director, Corporate Affairs¹.



External audit operates independently of the Committee. The Committee has no power to direct external audit, or the way the external audit is planned or undertaken.

¹ Internal Audit Australia, The Institute of Internal Auditors Australia

7. Responsibilities

The Committee will carry out the following responsibilities on behalf of the Board:

Financial

- Assess the accuracy, adequacy and completeness of the GCHHS financial statements, ensure they are compliant with prescribed accounting and other requirements, and recommend approval by the Board.
- Review the appropriateness of accounting policies and procedures adopted by the GCHHS to prepare financial statements and ensure the accounting policies adopted are relevant to the GCHHS and its specific circumstances.
- Review the appropriateness of significant assumptions and critical judgements made by management, particularly relating to estimations which impact on reported amounts of assets, liabilities, income, and expenses in the financial statements.
- Review, with management, and the internal and external auditors, the results of the external audit and any significant issues identified.
- Assess GCHHS's complex or unusual transactions or series of transactions, or any material deviation from the budget.

Internal Control

- Review, through the internal and external audit functions, the adequacy of the internal control structure and systems, including information technology security, control and safeguarding of assets.
- Review, through the internal and external audit functions, whether relevant policies and procedures are in place and up-to-date, including those for the management and exercise of delegations, and whether they are complied with.

Internal Audit

- The Committee acts as a forum for internal audit and oversees its planning, monitoring and reporting processes. The Committee ensures the internal audit function operates effectively, efficiently and economically.
- Monitor and advise the Board about GCHHS's internal audit function in line with the requirements of the *Financial and Performance Management Standard 2009*, Part 2, Division 5.
- Review the proposed scope of the annual internal audit plan, ensuring it covers key risks and that there is appropriate co-ordination with the external auditor, and recommend to the Board for approval.
- Provide input into proposed changes to the internal audit plan as required.
- Oversee the delivery of the internal annual audit plan on behalf of the Board, including any difficulties or restrictions on scope of activities, or significant disagreements with management and escalate concerns to the Board as required.
- Review the findings and recommendations of internal audit and responses provided by management.
- Review the implementation of internal audit recommendations accepted by management and escalate issues or concerns to the Board as required.
- Ensure that there is no material overlap between the internal and external audit functions.
- Review the Internal Audit Charter annually and make recommendations to the Board on proposed changes.
- Ensure twice yearly executive sessions between the Director Internal Audit and the Chair occur to evaluate the performance of the internal audit function against the internal audit plan and review the budget, staffing and skills of the internal audit function.

- Monitor developments in the audit field, and standards issued by professional bodies and other regulatory authorities, to encourage best practice.

External Audit

- Oversee GCHHS's liaison with the Queensland Audit Office (QAO) in relation to GCHHS's proposed audit strategies and plans including compliance to any performance management audits undertaken and fees for the year.
- Assessing external audit reports, including reviewing the findings and recommendations of QAO and its agents (including from performance audits).
- Review responses provided by management to ensure they are in line with GCHHS's risk management framework.
- Review the implementation of external audit recommendations and assess the adequacy of actions taken by GCHHS management as a result of external audit reports, and where issues remain unresolved, ensure that satisfactory progression is being made to mitigate the risk associated with audit's findings, and escalate to the Board as required.
- Facilitate discussion with the QAO and its agents, executive management, and Committee members in respect of audit planning, audit delivery and reporting matters.
- Hold executive sessions with QAO at least once per year.

Compliance

- Monitor the adequacy of GCHHS's management of insurance, legal and compliance risk systems having regard to relevant laws, government policies and ethical standards.
- Oversee compliance activities, including reviewing correspondence with regulators.
- Review the findings of any regulatory agency examinations by regulatory agencies, and any auditor observations.
- Oversee insurance and litigation statistics.
- Ensure reporting of significant breaches, legal or ethical violations, near misses, investigations or prosecutions are reported and escalated to the Board.

Risk Management

- Review the effectiveness of GCHHS's risk management framework for identifying, monitoring, managing and escalating significant risks, particularly strategic and emerging risks.
- Assess and monitor whether insurance arrangements are appropriate for any insurable risks, and if non-insurable, are managed within the risk management framework, in line with agreed risk appetite and tolerance levels.
- Ensure risk management capability and maturity is subject to continual review and improvement.
- Ensure risk management concepts are also applied to decision-making when the organisation is considering new opportunities.
- Ensure that any new or altered risks or threats identified in the audit planning processes are appropriately dealt with and escalated in line with the risk management framework.
- Review the key organisational risks and ensure they align with the GCHHS Strategic Plan.
- Ensure risk management oversight activities are in line with accepted business practice and customised for the GCHHS environment.

Other

- Any other function given to the Committee by the Board, if the function is not inconsistent with functions mentioned elsewhere within this Charter.

8. Reporting

The Committee will provide prompt and constructive reports on its findings directly to the Board, highlighting issues it considers are not being adequately addressed by management, particularly those issues which could present a material risk or threat to the GCHHS.

The Chair may give a verbal or written report at any meeting of the Board at the invitation of the Chair of the Board.

The Draft Committee Workplan shown at Appendix 2 has been developed in line with the responsibilities and key performance indicators outlined in the Charter. Each year, the Draft Committee Workplan will form the basis of an Annual Committee Workplan to be developed throughout the year to include additional discussion items as and when required.

The Committee provides the following reports:

Recipient	Report	Frequency	Responsibility
Board	Audit and Risk Committee Minutes	After each meeting	Secretariat
Board	Chair Summary	After each meeting	Chair
Board	Recommended program of planned internal audit activities for the coming year	Annually	Chair
Board	Matters for the attention of the Board	As required	Chair
Board	A summary of the results of the Committee's self-assessment	Annually	Secretariat

The Committee may also receive reports or presentations from other employees or external agencies as and when required or where relevant to the Committee's functioning.

9. Key Performance Indicators

Domain	Performance Indicator	Assessment/Reporting Timeframe	Audit Arrangements
<i>Financial and Performance Management Standard 2009</i>	Review and endorsement of the HHS Risk Management and Compliance Management frameworks, consistent with	Annually	Executive Director, Corporate Affairs

	parameters set by Board		
<i>Financial and Performance Management Standard 2009</i>	Review of financial statements	Annually, within deadlines applicable	Chief Finance Officer
<p><i>Financial and Performance Management Standard 2009</i></p> <p>s31(2): a strategic audit plan that provides an overall strategy for the internal audit function for a period of at least one year; and</p> <p>(b): an audit plan, for each year, that sets out the audits intended to be carried out by the internal audit function during the year.</p>	Review of the annual audit plan and recommend to the Board for approval	Annually	Director, Assurance and Advisory Services
<p><i>Financial and Performance Management Standard 2009</i></p> <p>S7(3): the internal control structure must ensure the efficient, effective and economic operation of the internal audit function, audit committee or risk management committee</p>	Evaluation of committee role	Annually	Secretariat

10. Membership

The Committee shall have at least three (3), but no more than five (5) members of the Board, as well as up to two (2) external qualified members from outside the GCHHS. All Committee members are to be appointed by the Board. The Board Chairman is an ex-officio member of the Committee. Current Committee membership is outlined at Appendix 3.

It is preferable to have at least one (1) committee member with 'financial expertise'. A financial expert would generally include a person who is a qualified accountant, who is a current member of one of the professional accounting bodies in Australia, and who has relevant financial experience in professional accounting as per the Queensland Treasury Audit Committee Guideline. The Board may appoint an external party that meets this requirement if necessary on an as needs basis.

Member terms and conditions are to be disclosed in the letter of appointment.

Chairperson

- The Chair will be appointed by the Gold Coast Hospital and Health Board.
- In the absence of the Chair, an alternate Board member may be nominated by the Chair of the Board until the Board appoints another Committee Chair or the existing Committee Chair returns.
- The Chair is responsible for ensuring that an induction process is undertaken for all new members. The Chair may delegate that the induction be performed by another Audit and Risk Committee member or the Secretariat.

Standing Invitees

The following persons shall be invited to attend each meeting:

- GCHHS Board Directors
- GCHHS Chief Executive
- GCHHS Executive responsible for fiscal management
- GCHHS Executive responsible for Governance, Risk and Compliance
- GCHHS Executive Director, People and Operations
- GCHHS General Manager, Surgical and Critical Care
- GCHHS General Manager, Medicine
- GCHHS General Manager, Emergency and Specialist Services
- GCHHS Internal Audit Director, and Principal Auditor (as required)
- Co-sourced audit partners (engaged by internal audit)
- Queensland Audit Office representatives.

Agency Liaison

The Committee shall liaise with other agency groups as required, to understand their roles in managing risks and maintaining adequate control frameworks, and assess any gaps.

Proxies

Proxies are not permitted if the member is unable to attend meetings.

11. Quorum Arrangements

The quorum for the Committee meetings will comprise of 50% of members, or if 50% is not a whole number, the next highest whole number, including the Chair. Ex-officio and external members should not be included in the count when determining the number needed for a quorum and they should not be counted when determining if a quorum is present.

Members participating in a meeting by use of technology, such as teleconferencing, are taken to be present at the meeting.

12. Frequency of Meetings

The Committee will meet at least four (4) times per year (quarterly), and the schedule of meetings will be agreed in advance. The Chair may call additional meetings as required.

13. Secretariat

The Secretariat support function will be provided by the Corporate Affairs division. The role of the Secretariat is outlined in the GCHHS Board Charter and includes the preparation of meeting papers and administrative support. The Secretariat will prepare and maintain a corporate file of the Committee's records.

Files must be kept securely and confidentially in accordance with the requirements of the *Public Records Act 2002*. Records must also be retained in accordance with Queensland Government's General Retention and Disposal Schedule for Administrative Records. In general, papers considered by the Committee are retained permanently.

14. Agenda, Papers, Minutes, Reports and Summary

The agenda should be set allowing for appropriate consultation to include emerging issues and emphasis on the most significant risks and threats.

Agenda

- Members wishing to place items on the agenda must notify the Secretariat at least fifteen (15) working days prior to the scheduled meeting.
- The agenda must be cleared by the Chair prior to distribution to members.
- Agenda and relevant (supporting) papers will be sent out to all members four working (4) days prior to the meeting.
- Late agenda items will be tabled at the discretion of the Chair.

Papers, Submissions and Reports

Papers in respect to agenda items are to be supplied to the Secretariat no later than ten (10) working days prior to the scheduled meeting via email to gchhsboard@health.qld.gov.au.

- Papers must be submitted on the correct briefing note template, available from the Secretariat.
- All papers must be submitted in Word format (as per Committee cover paper template), unless otherwise agreed.
- The numbers and names of electronic attachments must mirror the numbers and names used in the cover paper.
- Papers are quality reviewed by the Secretariat and cleared by the Executive Director, Corporate Affairs prior to distribution to the Committee. The substance of internal audit findings are not to be altered while progressing through the quality review process.

Minutes

- Minutes of meetings will be prepared by the Secretariat within three business days of the meeting.

- Minutes (and action items) must be cleared by the Chair within five business days of the meeting, subject to confirmation by the Committee at the next meeting, prior to distribution to Members and other board directors².
- Minutes will be distributed to all Members and other board directors immediately, once cleared by the Chair.
- Minutes are included in the meeting papers, and are taken as draft until they are ratified at the next meeting of the Committee.
- Minutes should comply with the Minuting Guidelines as detailed in the Board Charter.

15. Urgent out of session matters

Items can be managed out-of-session where the item is urgent and must be considered before the next scheduled meeting. Out-of-session matters must be minuted at the next meeting of the Committee.

16. Conflict of Interest

To meet the ethical obligations under the *Public-Sector Ethics Act 1994*, members must declare any conflicts of interest, whether actual, potential, apparent, or likely to arise, and manage those in consultation with the Chair. In relation to specific agenda items of Committee meetings, real, potential, or apparent conflicts of interest are to be advised at the beginning of each Committee meeting. A register of conflicts of interest will be maintained by the Secretariat.

Committee members (and other attendees) must, at the start of the meeting, declare any conflicts of interest whether actual, potential, or perceived. The Chair of the Committee must require the conflicted person to leave the room while the remaining members determine whether the conflicted person is entitled to attend the meeting for the discussion.

17. Confidentiality

Members of the Committee may receive information that is regarded as 'commercial-in-confidence', clinically confidential or have privacy implications. Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

18. Committee Performance and Professional Development of Members

The Committee will review its performance on annual basis, including compliance (or otherwise) with the Charter, the results of which is to be provided to the Board. The Board may commission an external peer review of the Committee's performance at its discretion.

The Committee will develop an annual workplan based on the workplan provided at Appendix 3. The work plan is linked to Board and Committee functions, the GCHHS Strategic Plan and Service Agreement, and details the activities to be completed by the Board and its Committee during the financial year.

The Committee will be evaluated in terms of its performance against the approved Charter and the annual work plan through an annual self-assessment process (refer Appendix 4).

The Chair may provide Committee members with feedback on their contribution to the Committee's activities, and periodically arrange professional development for Committee members.

² https://aicd.companydirectors.com.au/-/media/cd2/resources/director-resources/nfp/pdf/05446-7-5-8-nfp-director-tools-role-of-audit-committee_web.ashx

19. Changes and/or Review of the Charter

The Charter may be altered following Committee consultation, endorsement by the Chair of the Committee, and approval by the Board. The Charter will be reviewed annually at the third Committee meeting each year.

This Gold Coast Hospital and Health Board Audit and Risk Committee Charter was formally approved by the Gold Coast Hospital and Health Board on 21 December 2021.



Ian Langdon

Board Chair

Gold Coast Hospital and Health Board

20. Document Control

Date	Nature of Amendment	Version
19 January 2021	Revised Charter to align with new branding template approved by the Board – refer HB20-10C2.	v3.0
21 December 2021	Amendment to the <i>Hospital and Health Boards Act 2011</i> to reflect changes current as at 30 April 2021, to the <i>Public Service Act 2008</i> to reflect changes current as at 1 July 2021, and the review of all other relevant legislation. Amendment to Appendix 2 – Workplan, to align with the proposed reporting for 2022. Amendment to move Document Control section from the start of the document (section 1) to the end of the document (section 20) and include further detailed information to assist with recording of changes made to future iterations of the document.	v4.0

Contact for enquiries and proposed changes:

Contact	Board and Executive Services
Phone	5687 0516 or 5687 0514
Email	gchsboard@health.qld.gov.au

Appendix 1 – Legislation

Hospital and Health Boards Act 2011 (Current as at 30 April 2021)

“Division 4, Guiding Principles of Act - 13 - Guiding principles:

- (1) The following principles are intended to guide the achievement of this Act’s object—
 - (a) the best interests of users of public sector health services should be the main consideration in all decisions and actions under this Act;
 - (b) there is a commitment to ensuring quality and safety in the delivery of public sector health services;
 - (c) there is a commitment to achieving health equity for Aboriginal people and Torres Strait Islander people;
 - (d) there is a commitment to the delivery of responsive, capable and culturally competent health care to Aboriginal people and Torres Strait Islander people;
 - (e) providers of public sector health services should work with providers of private sector health services to achieve coordinated, integrated health service delivery across both sectors;
 - (f) there should be responsiveness to the needs of users of public sector health services about the delivery of public sector health services;
 - (g) information about the delivery of public sector health services should be provided to the community in an open and transparent way;
 - (h) there is a commitment to ensuring that places at which public sector health services are delivered are places at which—
 - (i) employees are free from bullying, harassment and discrimination; and
 - (ii) employees are respected, and diversity is embraced; and
 - (iii) there is a positive workplace culture based on mutual trust and respect;
 - (i) there should be openness to complaints from users of public sector health services and a focus on dealing with the complaints quickly and transparently;
 - (j) there should be engagement with clinicians, consumers, community members and local primary healthcare organisations in planning, developing and delivering public sector health services;
 - (k) opportunities for research and development relevant to the delivery of public sector health services should be promoted;
 - (l) opportunities for training and education relevant to the delivery of public sector health services should be promoted.
- (2) A person must have regard to the guiding principles when performing a function or exercising a power under this Act.

Public Service Act 2008 (Current as at 1 July 2021)

“Division 1, management and employment, Section 25 - The management and employment principles:

- (1) Public service management is to be directed towards—
 - (a) providing responsive, effective and efficient services to the community and the Government; and
 - (b) maintaining impartiality and integrity in informing, advising and assisting the Government; and
 - (c) promoting collaboration between Government and non-government sectors in providing services to the community; and
 - (d) continuously improving public service administration, performance management and service delivery; and
 - (e) managing public resources efficiently, responsibly and in a fully accountable way; and

- (f) promoting the Government as an employer of choice; and
 - (g) promoting equality of employment opportunity.
- (2) Public service employment is to be directed towards promoting—
- (a) best practice human resource management, including through the application of positive performance management principals; and
 - (b) equitable and flexible working environments in which all public service employees are—
 - (i) treated fairly and reasonably; and
 - (ii) remunerated at rates appropriate to their responsibilities; and
 - (c) a diverse and highly skilled workforce drawing from Government and non-government sectors
 - (d) Employment on tenure as the default basis of employment for employees in the public service, other than for non-industrial instrument employees.

Subsections (1) and (2) are the management and employment principles”.

Financial Accountability Act 2009 (Current as at 2 June 2021)

“Section 61 - Functions of accountable officers and statutory bodies

- (a) to achieve reasonable value for money by ensuring the operations of the department or statutory body are carried out efficiently, effectively and economically;
- (b) to establish and maintain appropriate systems of internal control and risk management;
- (c) to establish and keep funds and accounts in compliance with the prescribed requirements;
- (d) to ensure annual financial statements are prepared, certified and tabled in Parliament in accordance with prescribed requirements;
- (e) to undertake planning and budgeting for the accountable officer’s department of the statutory body that is appropriate to the size of the department or statutory body;
- (f) to perform other functions conferred on the accountable officers or statutory bodies under this or another Act or a financial and performance management standard.”

Hospital and Health Boards Regulation 2012 (Current as at 30 April 2021)

“Part 7 Committees of boards: 31 Prescribed committees

- (1) For schedule 1, section 8(1)(b) of the Act, the following committees are prescribed—
- (a) a safety and quality committee;
 - (b) a finance committee;
 - (c) an *audit committee under the Financial and Performance Management Standard 2009, section 35*.

Note - A Service must comply with requirements under the Financial and Performance Management Standard 2009, section 35 in establishing an audit committee.

- (2) The board establishing the committee may assign a different name to a committee mentioned in subsection (1), if the name is appropriate having regard to the committee’s functions”

Audit and Risk Committee Work Plan

The Committee Workplan has been developed in line with the responsibilities and key performance indicators outlined in the Charter. Each year, the Draft Committee Workplan will form the basis of an Annual Committee Workplan to be developed throughout the year to include additional discussion items as and when required. This document will constantly be updated, and the below table is designed to give an indication only.

Deliverable	Description	Owner	Category (R, N, F)	March	June	August	December
Governance							
1.	Review Work Plan and Committee Charter	Secretariat	R			✓	
2.	Committee Evaluation	Secretariat	R				✓
3.	Forward meeting and work plan	Secretariat	R				✓
Finance							
4.	Pro-forma Financial Statements	CFO	N		✓		
5.	Financial Statements	CFO	R			✓	

Deliverable		Description	Owner	Category (R, N, F)	March	June	August	December
6.	Annual Chief Finance Officer Statements	Report on the effectiveness of internal financial controls of GCHHS	CFO	N			✓	
7.	Asset Accounting Update / Write Offs	To provide an update on the key asset accounting matters in preparation for end of the financial year	CFO	R		✓		
Internal Control								
8.	Internal Control Report	Annual review of the Internal Control Framework	ED Corporate Affairs	N		✓		
Internal Audit								
9.	Internal Audit Charter	Annual Review of the Internal Audit Charter	Director AAS	N			✓	
10.	Internal Audit Plan Progress Report	Progress against annual internal audit plan. Including Management progress against agreed action plans	Director AAS	N	✓	✓	✓	✓
11.	Draft Annual Internal Audit Plan	Review the scope of planned work to be undertaken by Internal Audit, including longer-term strategies ensuring there is appropriate co-ordination with the external auditor, and provide feedback for inclusion	Director AAS	F	✓			

Deliverable		Description	Owner	Category (R, N, F)	March	June	August	December
		in the Final Annual Internal Audit Plan.						
12.	Final Annual Internal Audit Plan	Review the scope of planned work to be undertaken (in the next financial year) by Internal Audit, including longer-term strategies and recommend to the Board for approval	Director AAS	R		✓		
13.	Annual Internal Audit Plan Report	To provide a high-level summary of internal audit performance against the Internal Audit Plan along with any key observations, findings or trends identified as a result of internal audit activities	Director AAS	N				✓
14.	Internal Audit Reports	Report of the findings and recommendations of internal audit and the responses provided to them by management	Director AAS	N	✓	✓	✓	✓
15.	Recommendations proposed for closure	To seek feedback on recommendations proposed for closure	Director AAS	F	✓	✓	✓	✓
16.	In camera session with Director AAS	Confidential discussion between Director Assurance Advisory Services and the Committee (twice yearly at end of meeting)	Director AAS	N		✓		✓

Deliverable	Description	Owner	Category (R, N, F)	March	June	August	December
External Audit							
17.	External Audit Plan	To outline the scope and terms of the external audit and the audit fee	External Auditor / CFO	N			✓
18.	Interim Queensland Audit Office Report	To provide an interim report of external audit results, identified audit misstatements and other matters	External Auditor	N		✓	
19.	Final Queensland Audit Office Report and management letters	To provide a final report of external audit results, identified audit misstatements and other matters	External Auditor	N			✓
20.	In camera session with QAO	Discussion between the Committee and external audit about any matters of significance that arose during the audit process	External Auditor	N			✓
21.	QAO Update	To provide an update on industry trends and other observations relevant to GCHHS	External Auditor	N	✓	✓	✓
Compliance							
22.	Annual Compliance Management Report	An assessment of the effectiveness of the Compliance Management Framework, including an annual	ED Corporate Affairs	N			✓

Deliverable		Description	Owner	Category (R, N, F)	March	June	August	December
		summary of compliance and legal risks identified						
23.	Compliance Management Report	A summary of compliance activities and any compliance or legislative changes that have the potential to significantly impact the organisation	ED Corporate Affairs	N	✓	✓	✓	✓
Risk Management								
24.	Risk Report	A summary of the status of strategic risks and progress of mitigation strategies toward achievement of the risk appetite, including new, emerging and mitigated risks and significant changes in the risk environment	ED Corporate Affairs	N	✓	✓	✓	✓
25.	Annual Risk Report	An annual performance assessment of the Enterprise Risk Management Framework and its overall effectiveness; whilst incorporating a review of the appropriateness of the risk appetite statement and risk tolerance measures.	ED Corporate Affairs	N				✓
26.	Litigation and Insurance Report	To provide an update on insurance statistics, litigation and emerging trends and provide assurance that appropriate insurance arrangements are in place	ED People and Operations	N		✓		✓

Appendix 3 – Membership as of 26 May 2021

Member	Committee Membership Type	Initial Board Appointment Date	Initial Committee Appointment Date	Current Tenure Cessation Date
Mr Peter Dowling AM (Chair)	Chair and member	10 June 2021	10 June 2021	31 March 2024
Ms Colette McCool PSM	Member	29 June 2012	26 May 2021	31 March 2024
Ms Teresa Dyson	Member	18 May 2016	1 July 2016	31 March 2022
Mr Michael Kinnane ESM	Member	18 May 2018	19 June 2018	31 March 2022
Mr Lucas Patchett OAM	Member	18 May 2021	26 May 2021	31 March 2022
Mr Ian Langdon	Ex-officio	18 May 2012	1 July 2012	31 March 2024
Ms Vanessa Harper-Matthews	External	External Member	4 May 2017	1 March 2022

Appendix 4 – Audit and Risk Committee Self-Assessment Tool

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Membership					
1. The size of the Committee is appropriate to the business and the responsibilities in the Charter					
2. All Committee members are non-executive directors					
3. The Committee has an appropriate balance of skills, knowledge and experience					
4. All members are financially literate and able to understand financial statements with at least one member with accounting or related financial expertise					
5. Reviewed the draft financial statements for inclusion in the Annual Report, together with reports and opinions from the external auditor and recommended progression to the Board for approval					
6. Reviewed the effectiveness of internal financial controls					
7. Reviewed reports provided by management on the key asset accounting matters					
Meetings					
8. The Committee meets regularly throughout the year and the number of meetings is appropriate for the business and the responsibilities of the Committee					
9. Sufficient member attendance at all meetings					

10. The agenda and meeting papers are provided well in advance of meetings					
11. Minutes are taken and appropriately circulated to members in a timely manner, and to the Board					
12. Sufficient opportunity is provided to engage with the external auditors, including a separate in camera session					
Internal Control					
13. Reviewed the Internal Control Framework					
Internal Audit					
14. Reviewed the budget, staffing and skills of the internal audit function					
15. Assessed the overall effectiveness and evaluated the performance of the internal audit function against the internal audit plan					
16. Reviewed the Internal Audit Charter					
17. Reviewed the Annual Internal Audit Plan and monitored progress					
18. Reviewed Internal Audit Reports including management responses and actions to correct any noted deficiencies					
19. Monitored progress by management against agreed action plans and escalated unresolved concerns to the Board as required					
20. Provided feedback to the Director, Assurance and Advisory Services on recommendations proposed for closure and escalated unresolved concerns to the Board as required					

External Audit

21. Reviewed the scope and terms of the external audit and the audit fee					
22. Reviewed reports from external audit results, identified audit misstatements and other matters					
23. Reviewed external audit reports and the responses provided to them by management					
24. Held an executive session between the Committee and external audit to provide an opportunity for discussion regarding matters of significance arising during the audit process					

Compliance

25. Reviewed the effectiveness of the Compliance Management Framework, including an annual summary of compliance and legal risks identified					
26. Monitored compliance activities and any compliance or legislative changes with the potential to significantly impact the organisation					

Risk Management

27. Reviewed the effectiveness of the GCHHS risk management framework for identifying, monitoring, and managing significant risks					
28. Monitored the status of strategic risks and progress of mitigation strategies toward achievement of the risk appetite, including new, emerging and mitigated risks					

Governance

29. Any potential, actual or perceived conflicts have been appropriately managed in line with agreed policies and processes					
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30. Senior staff are readily accessible to discuss confidential matters privately as required					
31. Reviewed the Committee Charter					
32. Evaluated Committee Performance					
33. Developed and followed an annual forward meeting and work plan					

Other comments (please include any suggestions to improve the Committee’s functioning, performance or processes)