

Gold Coast Hospital and Health Board

Audit and Risk Committee Charter

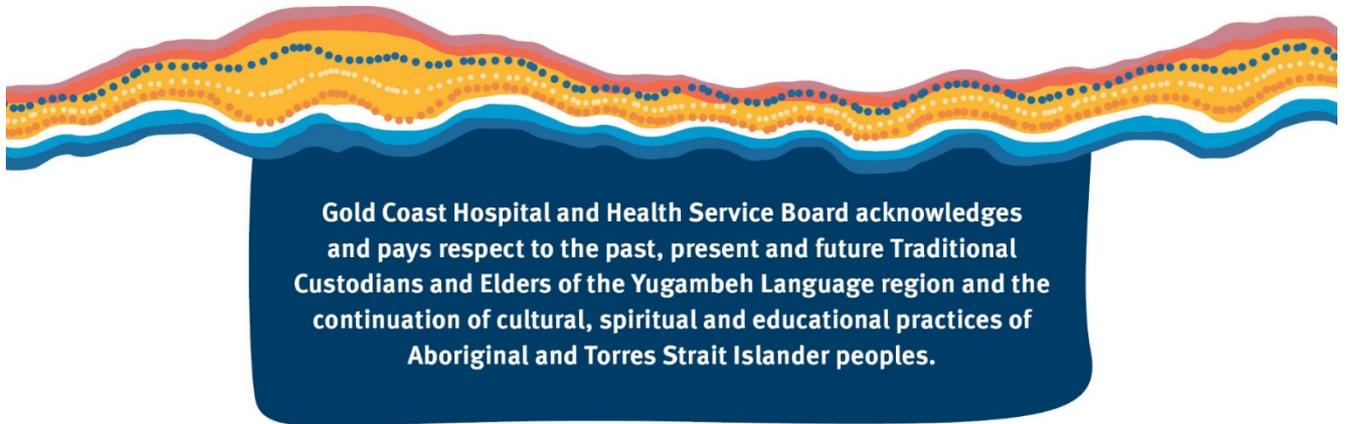
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The artwork throughout this document was produced for Gold Coast Health by Riki Salam, We are 27 Creative.

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. This Charter will continue in effect until revoked by the Board.

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

- The Hospital and Health Board Regulation 2023
- [Queensland Treasury, Audit Committee Guidelines \(2020\)](#)
- Recognised corporate governance and risk management standards and principles.

The Charter will be periodically reviewed to maintain its alignment with excellence in governance standards and compliance with legislation, policy and best practice.

This Committee Charter should be read in conjunction with the Board Charter. The Board Charter outlines the general provisions for meetings which also apply to Board Committee meetings.

2. Purpose

The Gold Coast Hospital and Health Service (Gold Coast Health) is a statutory body under the *Hospital and Health Boards Act 2011*.¹ It is also 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*.²

The Audit and Risk Committee (the Committee) reports directly to the Board and functions under the authority of the Board in accordance with Schedule 1, subsection 8(1)(b) of the *Hospital and Health Boards Act 2011*, and regulations 44(1)(c) and 47 of the Hospital and Health Boards Regulation 2023.

¹ HHB Act, subsection 7(1)

² HHB Act, section 21



The purpose of the Committee is to provide independent advice and make recommendations to the Board in fulfilling its 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 2019* relating to oversight of 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. Function and Responsibilities

In accordance with section 47 of the Hospital and Health Boards Regulation 2023, the Committee has the following functions:

- (a) advising the board about the matters stated in paragraphs (b) to (h)
- (b) assessing the adequacy of the Service's 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 the Service's financial statements
 - (iv) information provided by the Service about the accuracy and completeness of the financial statements
- (c) monitoring the Service's compliance with its obligation to establish and maintain an internal control structure and systems of risk management under the *Financial Accountability Act 2009*, including—
 - (i) whether the Service has appropriate policies and procedures in place
 - (ii) whether the Service is complying with the policies and procedures
- (d) if an internal audit function is established for the Service under the Financial and Performance Management Standard 2019, part 2, division 5—monitoring and advising the Service's board about its internal audit function
- (e) overseeing the Service's liaison with the Queensland Audit Office in relation to the Service's proposed audit strategies and plans
- (f) assessing external audit reports for the Service and the adequacy of actions taken by the Service as a result of the reports
- (g) monitoring the adequacy of the Service's management of legal and compliance risks and internal compliance systems, including the effectiveness of the systems in monitoring compliance by the Service with relevant laws and government policies
- (h) assessing the Service's complex or unusual transactions or series of transactions, or any material deviation from the Service's budget
- (i) any other function given to the committee by the Service's board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (h).

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

Financial

- Assess the accuracy, adequacy and completeness of Gold Coast Health's 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 Gold Coast Health to prepare financial statements and ensure the accounting policies adopted are relevant to Gold Coast Health 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 Gold Coast Health'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 Gold Coast Health's internal audit function in line with the requirements of the Financial and Performance Management Standard 2019, Part 2, Division 5.
- Review the proposed the 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.³
- 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.

³ Section 26, Financial and Performance Management Standard 2019



External Audit

- Oversee Gold Coast Health's liaison with the Queensland Audit Office (QAO) in relation to Gold Coast Health's proposed audit strategies and plans including compliance to any performance management audits undertaken and fees for the year.
- Assess 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 Gold Coast Health's risk management framework.
- Review the implementation of external audit recommendations and assess the adequacy of actions taken by Gold Coast Health 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 Gold Coast Health'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 Gold Coast Health'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 Gold Coast Health Strategic Plan.
- Ensure risk management oversight activities are in line with accepted business practice and customised for the Gold Coast Health 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.



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 Gold Coast Health, 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 section 44 of the Hospital and Health Boards Regulation 2023. 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.

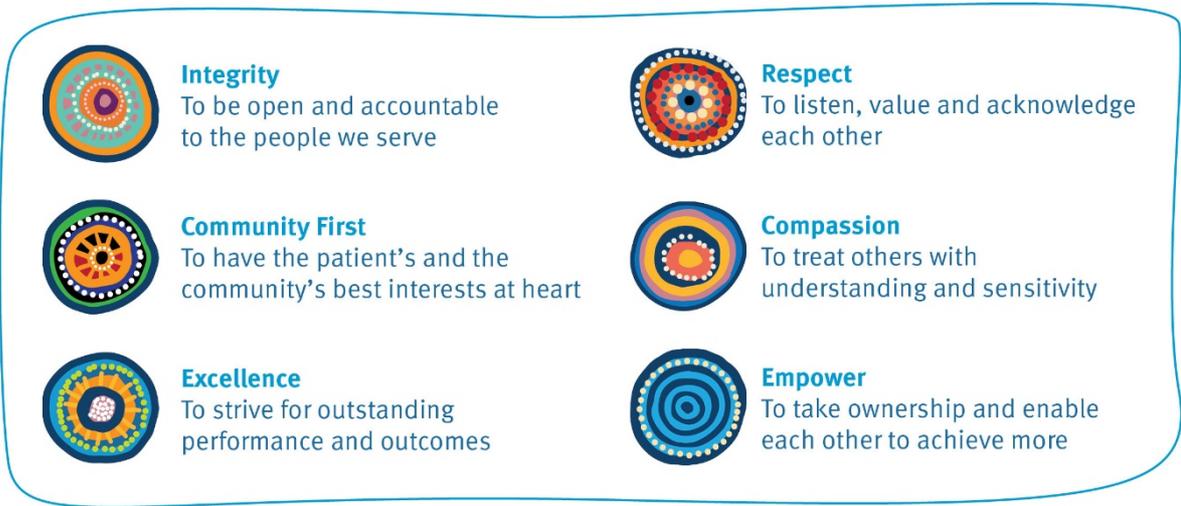
The Committee is part of Gold Coast Health's corporate governance framework. To the extent that there is any overlap in the responsibilities of the Committee and other committees of the Board, those committees shall, directly or through the Board or management, endeavour to ensure that the overlap is 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 2023*, the *Public Sector Act 2022* and the *Financial Accountability Act 2009* in carrying out the Committee's function.

The relevant principles from the above-mentioned legislation are contained in **the** Board Charter. The Committee must also conduct itself in accordance with the Gold Coast Health values below:





6. Relationships

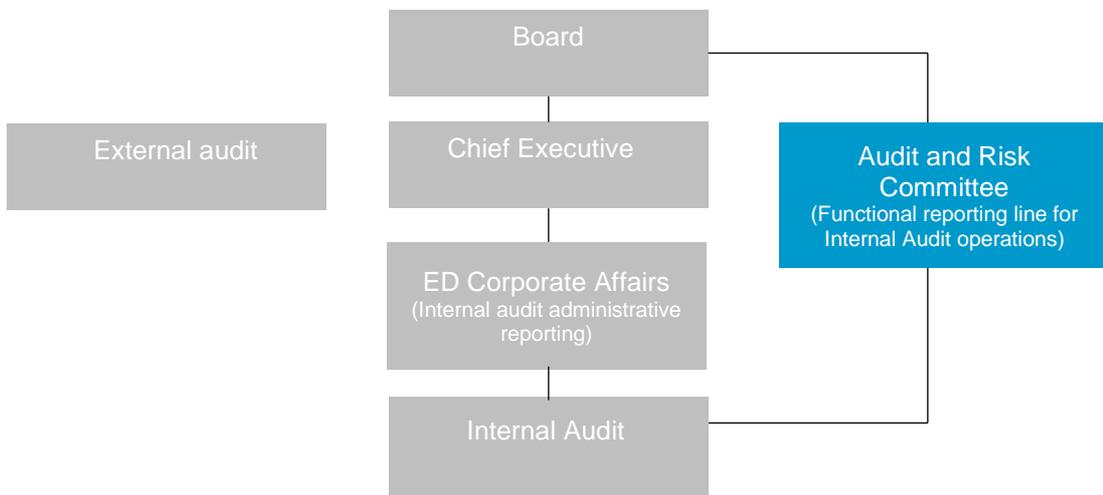
The Committee reports directly to the Board. The Committee may recommend matters to the Board for approval or noting.

The Committee and other Committees of the Board may refer matters between each other for deeper analysis or investigation and reporting back within the Charters of the referring committee.

At the discretion of the Committee Chair, representatives of relevant Gold Coast Health groups may be invited to attend meetings on behalf of their respective representative group.

Following each Committee meeting, the Committee Chair will provide a summary report to the Board.

Functionally for operations, Internal Audit reports to the Committee and administratively reports to the Executive Director, Corporate Affairs.⁴



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.

⁴ [Internal Audit Australia](#), Second edition, 2020. The Institute of Internal Auditors Australia



7. 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 Gold Coast Health.

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

An example annual work plan (shown at **Appendix 1**) has been developed in line with the responsibilities outlined in the Charter. Each year, the example work plan will form the basis of an Annual Committee Forward Planning and Reporting Calendar 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 Report including matters for the attention of the Board and/or other Committees	After each meeting	Chair
Board	A summary of the results of the Committee's annual assessment	Annually	Chair
Board	Recommended program of planned internal audit activities for the coming year	Annually	Chair

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. The standing reports are listed in the example workplan (see **Appendix 1**).

8. Membership

The Committee shall have at least three (3), but no more than five (5) members of the Board.

All Committee members are to be appointed by the Board. The Board Chair is an ex-officio member of the Committee. Additional members can be considered by the Chair of the Committee and recommended to the Board for approval. 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 Guidelines](#). 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 (or a person acting in that position) shall be invited to attend each meeting:

- Board Directors who are not a member of the Committee
- Chief Executive
- Chief Finance Officer
- Executive Director, Corporate Affairs
- Executive Director, People and Operations
- Executive General Manager, Surgical and Critical Care
- Executive General Manager, Medicine
- Executive General Manager, Emergency and Specialty Services
- Internal Audit Director and Principal Auditor (as required)
- Executive Program Director, Information Security and Cyber Readiness
- 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

Board Members are not permitted to appoint a proxy to attend the meeting on their behalf.

9. Committee Meetings and Processes

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.⁵

If a quorum is not met, the following must occur:

⁵ HHB Act, Schedule 1, subsection 6(5)



- At the Chair's discretion, the continuation of the meeting will be decided.
- If the meeting proceeds, all decisions will be preliminary decisions and will then proceed to a quorum consensus out of session.

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.

Secretariat

The Secretariat support function will be provided by the Corporate Affairs division. The role of the Secretariat is outlined in the 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.

Agenda

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

- Members wishing to place items on the agenda must notify the Secretariat at least fifteen (15) days prior to the scheduled meeting.
- The agenda must be cleared by the Chair prior to distribution to members and invited attendees.
- Agenda and relevant (supporting) papers will be sent out to all members four (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) days prior to the scheduled meeting via email to gchhsboard@health.qld.gov.au.

- Papers must be submitted on the correct cover paper 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 five days of the meeting.
- Minutes (and action items) must be cleared by the Chair within seven days of the meeting, subject to confirmation by the Committee at the next meeting, prior to distribution to Members, invited attendees and other board directors.
- 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.

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. The Board Charter outlines the process for written resolutions of the Board and Board Committees.

10. Disclosures and Conflicts 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.

Committee members (and other attendees) must, at the start of the meeting, declare any conflicts of interest in relation to specific agenda items of Committee meetings 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.

A register of conflicts of interest will be maintained by the Secretariat.

11. Confidentiality

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

12. Committee Performance and Professional Development of Members

The Committee will review its performance on an 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 be evaluated in terms of its performance as outlined in **Appendix 3**.

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

13. 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. Subject

This Gold Coast Hospital and Health Board Audit and Risk Committee Charter was formally approved by the Gold Coast Hospital and Health Board on 20 June 2023.



Ian Langdon

Ian Langdon OAM
Board Chair
Gold Coast Hospital and Health Board

14. 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
3 April 2023	Revised Charter endorsed by Committee for Board approval.	v4.1
20 June 2023	Revised Charter approved by the Board – refer HB23-06D2.	v5.0
4 September 2023	Minor update to include the Executive Program Director, Information Security and Cyber Readiness as a Standing Invitee and changes to the Hospital and Health Boards Regulation 2023, effective 1 September 2023 (refer HB23-08F3).	v5.1

Contact for enquiries and proposed changes:

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



Appendix 1 – Example Committee Work Plan

The example annual work plan has been developed in line with the Committee’s responsibilities outlined in the Charter. Each year, the example work plan will form the basis of an Annual Committee Forward Planning and Reporting Calendar 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. The Committee does not meet in January.

Category: Recommendation to the Board (R), Noting (N), Feedback (F)

Deliverable	Description	Owner	Category (R, N, F)	March	June	August	December
Governance							
1.	Review Work Plan and Committee Charter	Secretariat	R		✓ (Next due: 2025)		
2.	Committee Evaluation	Secretariat	R		✓		
3.	Forward meeting and work plan	Secretariat	R				✓
Finance							
4.	Pro-forma Financial Statements	CFO	R		✓		



Deliverable		Description	Owner	Category (R, N, F)	March	June	August	December
5.	Financial Statements	Review of the draft financial statements for inclusion in the Annual Report and recommend to the Board for approval	CFO	R			✓	
6.	Annual Chief Finance Officer Statements	Report on the effectiveness of internal financial controls of Gold Coast Health	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		✓		
8.	Derivative Transactions Register	A quarterly report on the derivative transactions conducted by Gold Coast Health in accordance with sections 55 and 56 of the <i>Statutory Bodies Financial Arrangements Act 1982</i>	CFO	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	Director AAS	N	✓	✓	✓	✓



Deliverable		Description	Owner	Category (R, N, F)	March	June	August	December
		progress against agreed action plans						
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 in the Final Annual Internal Audit Plan	Director AAS	F	✓			
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	Director AAS	N	✓	✓	✓	✓



Deliverable		Description	Owner	Category (R, N, F)	March	June	August	December
		and the responses provided to them by management						
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 (annually at end of meeting)	Director AAS	N				✓
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	R			✓	



Deliverable		Description	Owner	Category (R, N, F)	March	June	August	December
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 matters of audit interest	External Auditor	N	✓			
Compliance								
22.	Annual Compliance Management Report	An assessment of the effectiveness of the Compliance Management Framework, including an annual summary of compliance and legal risks identified	ED Corporate Affairs	N				✓
23.	Quarterly Legislative and Regulatory Compliance 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	✓	✓	✓	✓
24.	Compliance Management Policy Instrument Review	Periodic review of the compliance management policy instruments and recommendation to the Board for approval.	ED Corporate Affairs	R		Next review required in June 2025		
Risk Management								



Deliverable		Description	Owner	Category (R, N, F)	March	June	August	December
25.	Quarterly 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	✓	✓	✓	✓
26.	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				✓
27.	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 Corporate Affairs	N		✓		✓
28.	Enterprise Risk Management Policy Instrument Review	Review of the compliance management policy instruments and recommendation to the Board for approval.	ED Corporate Affairs	R		Next review required in June 2025		



Deliverable		Description	Owner	Category (R, N, F)	March	June	August	December
29.	Annual Queensland Government Insurance Fund (QGIF) premium update	To inform the Audit and Risk Committee regarding the Queensland Government Insurance Fund (QGIF) annual premiums in all areas of loss, including health litigation and property damage.	ED Corporate Affairs	N				✓
<i>Business Continuity Management</i>								
30.	Business Continuity Planning and Management	The Emergency Planning Committee (EPC) will oversee and monitor the currency and effectiveness of the Business Continuity Plan (BCP). A report on the effectiveness of the BCP will be provided to the Audit and Risk Management Committee annually.	ED Medical Services and Clinical Governance	N				✓



Appendix 2 – Membership as of 1 June 2023

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
Mr Michael Kinnane ESM	Member	18 May 2018	19 June 2018	31 March 2026
Mr Lucas Patchett OAM	Member	18 May 2021	26 May 2021	31 March 2026
Ms Karen Murphy	Member	1 April 2022	1 June 2022	31 March 2024
Mr Ian Langdon OAM	Ex-officio	18 May 2012	1 July 2012	31 March 2024



Appendix 3 – 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. The Committee has an appropriate balance of skills, knowledge and experience.					
3. All members are financially literate and able to understand financial statements with at least one member with accounting or related financial expertise.					
Meetings					
4. The Committee meets regularly throughout the year and the number of meetings is appropriate for the business and the responsibilities of the Committee.					
5. Meeting agendas prioritise time spent on strategic and high-risk issues.					
6. There is sufficient member attendance at all meetings.					
7. The agenda and meeting papers are provided well in advance of meetings.					
8. Minutes are taken and appropriately circulated to members in a timely manner, and to the Board.					



9. Sufficient opportunity is provided to engage with the external auditors, including a separate in-camera session.					
10. The frequency, day and venue of the meetings are suitable.					
11. The Committee has reviewed the Internal Control Framework.					

Financial Reporting

12. The Committee has 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.					
13. The Committee has reviewed the effectiveness of internal financial controls.					
14. The Committee has reviewed reports provided by management on the key asset accounting matters.					

Internal Audit

15. The Committee has reviewed the budget, staffing and skills of the internal audit function.					
16. Assessed the overall effectiveness and evaluated the performance of the internal audit function against the internal audit plan.					
17. The Committee has reviewed the Internal Audit Charter.					
18. The Committee has reviewed the Annual Internal Audit Plan and monitored progress.					



19. The Committee has reviewed Internal Audit Reports including management responses and actions to correct any noted deficiencies.					
20. Monitored progress by management against agreed action plans and escalated unresolved concerns to the Board as required.					
21. 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

22. The Committee has reviewed the scope and terms of the external audit and the audit fee.					
23. The Committee has reviewed reports from external audit results, identified audit misstatements and other matters.					
24. The Committee has reviewed external audit reports and the responses provided to them by management.					
25. 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

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



Risk Management

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

Governance

30. Any potential, actual or perceived conflicts have been appropriately managed in line with agreed policies and processes.					
31. Senior staff are readily accessible to discuss confidential matters privately as required.					
32. The Committee has reviewed the Committee Charter.					
33. The Committee reports its proceedings and recommendations to the Board after each committee meeting.					

Committee Charter (available [here](#))

34. Does the Committee Charter adequately describe the responsibilities, purpose and function of the Committee?					
35. Are there additional areas the Committee should focus on in the future? If so, please list them below for consideration.					
36. Please list any suggested changes to the Charter below.					



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

Empty text area for comments.

