

## Internal Audit Report

# Student Resource Scheme

Audit Reference: 22-23-S04

Issued: 17 June 2024

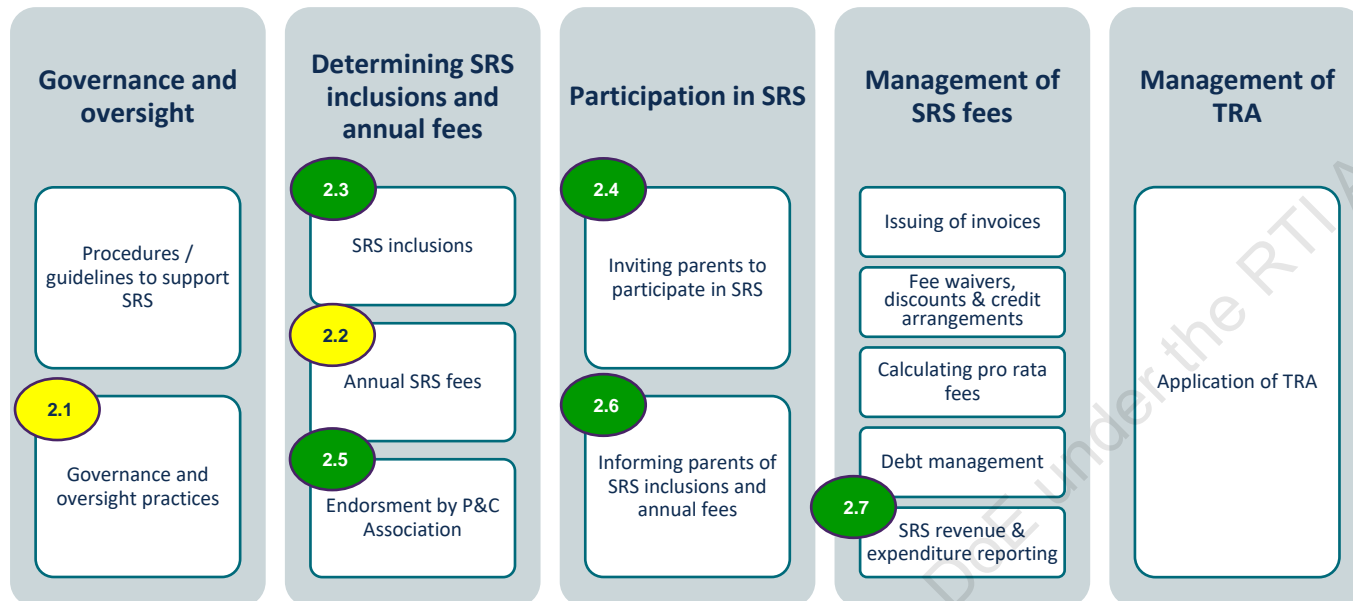


## Table of contents

<b>1. Executive Summary .....</b>	<b>3</b>
1.1 Background .....	4
1.2 Objectives and scope.....	4
1.3 Summary of results .....	5
1.4 Acknowledgement .....	6
<b>2. Development Areas and Agreed Management Actions .....</b>	<b>7</b>
<b>Appendix A – Non-compliances identified by audit testing .....</b>	<b>17</b>
<b>Appendix B – Distribution list.....</b>	<b>19</b>
<b>Appendix C – Priority ratings .....</b>	<b>20</b>
<b>Appendix D – Internal audit scope .....</b>	<b>21</b>

# 1. Executive Summary

## Student resource scheme audit areas



Development areas	
2.1	Communicate and remind schools of SRS requirements
2.2	Enhance guidance on calculation of SRS fees
2.3	Enhance guidance to support SRS inclusions
2.4	Remind schools to use the latest version of the SRS Participation Agreement Form (PAF)
2.5	Remind schools of the role of P&C Associations relating to SRS schemes
2.6	Remind schools to publish SRS information on their websites and provide an annual parent information letter
2.7	Define the process for how any surplus SRS revenue is to be applied

Priority ratings

High

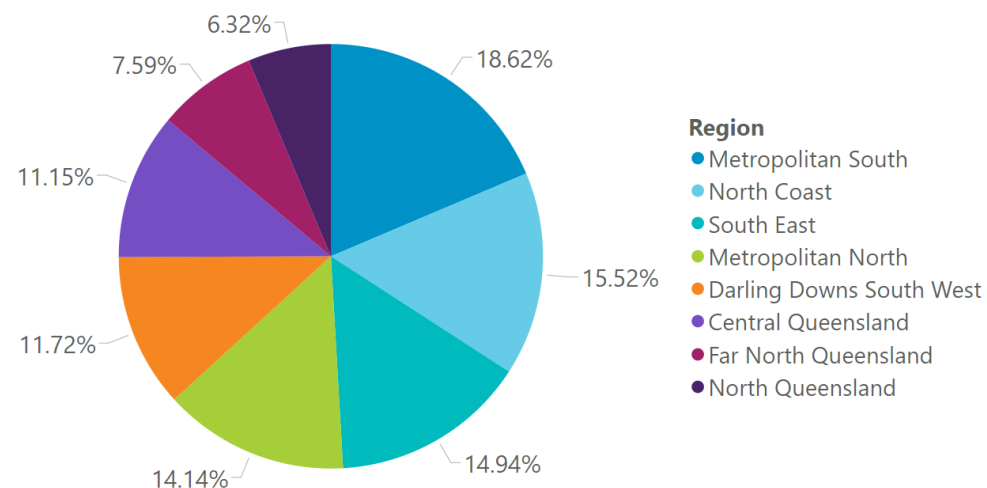
Medium

Low

In 2023, 871 schools had recorded SRS and / or TRA revenue in OneSchool Finance. This was a decrease of 4.7% from the prior year (41 schools) and consistent with the decrease in revenue as shown in the graph above.

Offering SRS is most common in metropolitan / higher population density areas, making up almost 75% of all schools offering SRS for 2023.

## PORPORTION OF SCHOOLS OFFERING SRS IN 2023 BY REGION



## 1.1 Background

An internal audit of Student Resource Schemes (SRS) has been performed in accordance with the approved 2022-23 Department of Education (the department) 6+6 Month Internal Audit Plan.

The *Education (General Provisions) Act 2006 (Qld) Section 50(2)* provides for the cost of 'instruction', 'facilities' and 'administration' to be met by the State. Individual student resources and items used/consumed by the student in the classroom are to be provided by parents<sup>1</sup>.

A SRS is designed to provide parents a convenient and cost-effective alternative to individually sourcing items. Schools can choose to offer an approved category of SRS for parents to participate in. The school determines the annual SRS fee which is to be endorsed by its Parents & Citizens' (P&C) Association. No student's education is to be disadvantaged by not participating in an SRS.

The State Government Textbook and Resource Allowance (TRA), paid to schools on behalf of parents, provides financial assistance to parents of eligible secondary students to offset the cost of education. If parents participate in a school's SRS, the school must reduce the SRS fee by the amount of TRA. If a parent chooses not to participate in the SRS, they can request to have their TRA provided as a credit to the student's account, or as a direct payment.

## 1.2 Objectives and scope

The objectives of the audit were to assess the design and operational effectiveness of internal controls relating to SRS. The audit included how schools administer and manage SRS and comply with legislative and departmental requirements.

The detailed scope and approach for the audit followed the Internal Audit Scope memo agreed with management during the planning phase of the audit which is attached as Appendix D.

The audit included testing at schools from across the state varying in size, type and complexity.

### Scope exclusions

The scope for the audit did not include the items listed in Section 2 of Appendix D to this report.

---

<sup>1</sup> Under the *Education (General Provisions) Act 2006 (Qld)*, s.1, parent is defined as the child's mother, child's father or a person who exercises parental responsibility for the child. For the purposes of this internal audit, and consistent with legislation and department procedures, a parent also means carer, guardian and independent student.

## 1.3 Summary of results

The department's processes for SRS allow each school to determine how much to charge parents who elect to participate in a SRS. The process to determine SRS inclusions and calculation of annual fees varies from school to school with minimal independent or external oversight. Although Finance, Procurement and Facilities (FPF) has developed a SRS procedure and supporting guidance for schools, no responsibility is assigned for monitoring compliance with requirements. Non-compliances with the current SRS procedure are occurring and not being identified and managed accordingly. Schools are not being held accountable for not following SRS requirements, even when they include items that are to be provided under the *Education (General Provisions) Act 2006 (Qld)*.

SRS practices observed during the audit were not always transparent and defensible. For example, sample-based testing identified that:

- over half of the schools selected (54%) were unable to provide sufficient evidence to support the calculation of their annual SRS fee; and
- 36% of sampled schools included resources that should not be included in a SRS.

Furthermore, information provided to parents lacked sufficient detail for them to make an informed decision whether to participate in the scheme. This lack of detail limits their ability to determine whether the SRS offered is a convenient and cost-effective alternative to individually sourcing their student resources.

To assist management to address the matters identified, Internal Audit has included Appendix A in this audit report detailing the non-compliances identified by audit testing. Internal Audit has also advised each school selected for audit testing of any non-compliances identified for the school.

The department is undertaking a review of how policies and fees which create expenses for state school parents are set. This review, led by FPF, will include communications to relevant stakeholders, advising them of a review of user charging, including SRS documentation. Relevant stakeholders in central office, regions, Associations, and Unions will be consulted and once their feedback is incorporated and finalised, Principals and Business Managers will be advised of the renewed focus for the need to absorb and minimise fees so as to relieve cost-of-living pressure on families. Communications will be supported by training and advice for School Business Managers, and School Supervisor discussions with Principals based on analysis of school fee data, where applicable.

At the time of the audit, FPF had commenced reviewing the department's policies, procedures and supporting guidance for all types of school fees and charges, including SRS. The aims of the review are to consolidate and simplify requirements to better define and

improve transparency of processes. Cost-of-living pressures on families will also be a focus of the review. The findings raised in this audit report will provide valuable input for that review, and for subsequent updates to relevant policies, procedures and guidance.

Two medium and five low priority-rated development areas were identified during the audit. Refer to Appendix C for an explanation of priority ratings.

Section 2 provides further detail on each of the development areas including agreed management actions.

## 1.4 Acknowledgement

Internal Audit Branch (IAB) would like to thank management and staff from the Schools and Student Support and Financial Strategy and Advice teams, as well as schools visited, for the assistance provided during the course of the audit and for working together to provide agreed management actions for the development areas identified.

Management confirms that none of the agreed management actions limit a human right.

To assist in maintaining the efficiency of the audit process and the quality of the audit report, it is important for IAB to seek the views of management immediately after an audit has been finalised. To this end, it would be appreciated if you could complete a client survey using the department's Survey Manager tool (link provided below):

<https://survey.qed.qld.gov.au/anon/370.aspx>

## 2. Development Areas and Agreed Management Actions

Ref.	Development area	Risk / impact	Agreed management action	Priority	Management action plan
2.1	<p><b>Communicate and remind schools of SRS requirements</b></p> <p>The SRS procedure and supporting guidance materials require schools to determine the inclusions and fees to request from parents to participate in the scheme. Schools must comply with the department's SRS procedure; however, no responsibility is assigned for monitoring compliance by each school with these requirements.</p> <p>SRS inclusions and fees are to be presented to P&amp;C Associations for endorsement annually, but this does not confirm that the SRS inclusions and fees align to the department's requirements.</p> <p>The audit found school non-compliances with the current SRS procedure are occurring and not being identified and managed. A schedule of non-compliances identified during this audit is attached as Appendix A.</p> <p>Internal Audit has advised each school selected for audit testing of any non-compliances identified for the school.</p>	<p>Inappropriate inclusions and charges for participation in student resource schemes due to non-compliance by schools with departmental requirements, resulting in legislative requirements not being met and SRSs not achieving the objectives / benefits for which they were created.</p>	<p>The department is undertaking a review of how policies and fees which create expenses for state school parents and carers are set. This includes SRS schemes. The review will identify what can be done to minimise these costs, without compromising educational outcomes.</p> <p>This review, led by Finance, Procurement and Facilities (FPF), will include:</p> <ul style="list-style-type: none"> <li>a) Communications to relevant stakeholders. The messages will be to advise schools about the need to absorb and minimise fees so as to relieve cost-of-living pressure on families.</li> <li>b) Training and advice for School Business Managers.</li> <li>c) School Supervisor discussions with Principals based on</li> </ul>	Medium	<p><b>Implementation Due Date</b></p> <p>31/01/2025</p> <p><b>Risk Owner (Observer)</b></p> <p>Duncan Anson, Assistant Director-General, Finance, Procurement and Facilities and Chief Finance Officer</p> <p><b>Action Officer (Owner)</b></p> <p>Alison Mohr, Executive Director, Financial Strategy and Advice</p> <p>Malcolm Wilson, Executive Director, Financial Services</p>

Ref.	Development area	Risk / impact	Agreed management action	Priority	Management action plan
	Personnel at sampled schools advised that greater support and assistance for SRS processes would be beneficial.		<p>analysis of school fee data, where applicable.</p> <p>d) Development of a new and updated policy suite with new roles and responsibilities for Principals, Executive Directors, Regional Financial Advisory Services, Regional Offices, Regional Directors and ADGs.</p> <p>e) New school webpages that provide clear and consistent guidance for schools, families and the community.</p>		
2.2	<p><b>Enhance guidance on calculation of SRS fees</b></p> <p>The SRS procedure states that participation fees are to be based upon recovering the cost of resources and must be transparent in their method of calculation, defensible and reasonable.</p> <p>From a sample of 24 schools, 13 (54%) were unable to provide documentation / evidence to support the calculation of their annual SRS fee. Additionally, four schools (17%) advised</p>	<p>Determination of SRS fees is not transparent and / or defensible due to the lack of rigour in determining annual fees by schools as per departmental requirements, resulting in legislative requirements not being met and SRSs</p>	<p>Finance Business Policy (FBP) will, as part of the policy review in 2024 of school fees and charges, provide enhanced guidance and clarity that the SRS should be costed on a cost recovery basis, then reduced if applicable, based on affordability.</p>	Medium	<p><b>Implementation Due Date</b></p> <p>31/01/2025</p> <p><b>Risk Owner (Observer)</b></p> <p>Duncan Anson, Assistant Director-General, Finance, Procurement and Facilities, and Chief Finance Officer</p> <p><b>Action Officer (Owner)</b></p> <p>Alison Mohr, Executive Director, Financial Strategy and Advice</p>



Ref.	Development area	Risk / impact	Agreed management action	Priority	Management action plan
	<p>that they did not review their SRS inclusions and fee annually.</p> <p>Discussions with key personnel at these 24 schools noted the following practices:</p> <ul style="list-style-type: none"> <li>• Determining the annual fee based on assumptions of affordability by the community to pay without calculation.</li> <li>• Determining the annual fee based on what other schools in the area charge.</li> <li>• Using the previous year(s) fee without review or documentation to support prior year amounts.</li> </ul>	not achieving the objectives / benefits for which they were created.			
2.3	<p><b>Enhance guidance to support SRS inclusions</b></p> <p>The SRS procedure, supporting State Education Fees Matrix and Administration of the SRS and TRA guideline provide information on appropriate items to be included within an SRS.</p> <p>Sample-based testing of 42 schools identified 15 (36%) where ineligible costs related to 'instruction', 'facilities' or 'administration' were included in their SRS.</p>	Resource inclusions do not meet the definition of SRS due to schools not following departmental requirements, resulting in legislative requirements not being met and potential over charging for student resources.	Finance Business Policy (FBP) will, as part of the policy review in 2024 of school fees and charges, provide enhanced guidance to assist schools determine the eligibility of inclusions for their SRS scheme.	Low	<p><b>Implementation Due Date</b></p> <p>31/01/2025</p> <p><b>Risk Owner (Observer)</b></p> <p>Duncan Anson, Assistant Director-General, Finance, Procurement and Facilities, and Chief Finance Officer</p> <p><b>Action Officer (Owner)</b></p> <p>Alison Mohr, Executive Director, Financial Strategy and Advice</p> <p>Malcolm Wilson, Executive Director, Financial Services</p>

Ref.	Development area	Risk / impact	Agreed management action	Priority	Management action plan
	<p>A further five schools (12%) sampled had insufficient detail to determine whether items were eligible to be included within their SRS.</p> <p>Examples of ineligible items identified include:</p> <ul style="list-style-type: none"> <li>• Internet access / network connection fees (three sampled schools).</li> <li>• Student ID cards required for access to school facilities (one sampled school). A further nine schools sampled did not have sufficient information on their ID card use to determine eligibility.</li> <li>• Printing credits / personal printing allowances (three sampled schools).</li> <li>• Newsletter expenses (one sampled school).</li> <li>• Pool and swimming carnival expenses (one sampled school).</li> <li>• Magazines. This item falls under the 'user pays' category (one sampled school).</li> <li>• Audio-visual software. This item falls under the 'user pays' category (one sampled school).</li> <li>• General levy for all students which includes affiliations. It was advised that</li> </ul>				

Ref.	Development area	Risk / impact	Agreed management action	Priority	Management action plan
	fees for affiliations (e.g. sport associations) can only be charged to those students actually using them (e.g. sports students).				
2.4	<p><b>Remind schools to use the latest version of the SRS Participation Agreement Form (PAF)</b></p> <p>The Participation Agreement Form (PAF) is a department provided template that must be completed for each student to participate in the SRS. The Terms and Conditions included in the PAF have been approved by legal advisors and can only be modified with prior written approval from Finance, Procurement and Facilities (FPF).</p> <p>Sample-based testing of 42 schools identified:</p> <ul style="list-style-type: none"> <li>Two instances (5%) where the school had created their own PAF, or modified the PAF without appropriate approval.</li> <li>Five instances (12%) where the school was using an outdated PAF.</li> <li>Four instances (10%) where the PAF was not published on the school's website as required</li> </ul>	The SRS participation agreement may be void due to modification or use by the school of a non-current PAF, resulting in legislative requirements not being met, potential legal ramifications and inability to collect monies owed (i.e. financial loss).	As per Development Area 2.1, remind schools of requirements. Internal Audit has also advised each school selected for audit testing of any non-compliances identified for the school.	Low	<p><b>Implementation Due Date</b> 31/01/2025</p> <p><b>Risk Owner (Observer)</b> Duncan Anson, Assistant Director-General, Finance, Procurement and Facilities, and Chief Finance Officer</p> <p><b>Action Officer (Owner)</b> Alison Mohr, Executive Director, Financial Strategy and Advice Malcolm Wilson, Executive Director, Financial Services</p>

Ref.	Development area	Risk / impact	Agreed management action	Priority	Management action plan
2.5	<p><b>Remind schools of the role of P&amp;C Associations relating to SRS schemes</b></p> <p>The SRS procedure requires SRS inclusions and fees to be endorsed annually in writing by the P&amp;C Association (or a parent representative(s) where the school has no P&amp;C Association).</p> <p>Additionally, the school must report SRS revenue and expenditure for the previous calendar year to the P&amp;C Association, at or before the meeting to discuss the SRS for the following year.</p> <p>Sample-based testing of 24 schools identified:</p> <ul style="list-style-type: none"> <li>Seven instances (29%) where the 2023 SRS inclusions and annual fee were not presented to the P&amp;C Association and endorsed, or evidence was not provided that they were presented and endorsed.</li> <li>14 instances (58%) where SRS revenue and expenditure reporting were not presented to the P&amp;C Association. Of these, five (21%) advised that they had no dedicated cost centres to track SRS and TRA revenue and expenditure.</li> </ul>	<p>Parents (through the P&amp;C) not supporting or endorsing the school's SRS fees and inclusions due to not being made aware of, or consulted, resulting in SRSs not achieving the objectives / benefits for which they were created and a lack of confidence from the parents and school community.</p> <p>Parents (through the P&amp;C) not being informed of the SRSs financial performance for the previous year, resulting in parents not being able to determine whether</p>	<p>As per Development Area 2.1, remind schools of requirements.</p> <p>Internal Audit has also advised each school selected for audit testing of any non-compliances identified for the school.</p>	Low	<p><b>Implementation Due Date</b></p> <p>31/01/2025</p> <p><b>Risk Owner (Observer)</b></p> <p>Duncan Anson, Assistant Director-General, Finance, Procurement and Facilities, and Chief Finance Officer</p> <p><b>Action Officer (Owner)</b></p> <p>Alison Mohr, Executive Director, Financial Strategy and Advice</p>

Ref.	Development area	Risk / impact	Agreed management action	Priority	Management action plan
	Furthermore, the P&C Association is required to notify all parents at least one month in advance of meetings where the SRS is to be discussed. Discussions held with personnel at the sample of 24 schools noted that only six of the schools (25%) communicated when the SRS was being presented on behalf of the P&C Association.	fees set represent any benefit to them.			
2.6	<p><b>Remind schools to publish SRS information on their websites and provide an annual parent information letter</b></p> <p>The SRS procedure states schools must, at a minimum, publish information for each SRS offered on the school's website. The procedure details the minimum information required to be included.</p> <p>Sample-based testing of 42 schools identified:</p> <ul style="list-style-type: none"> <li>Six instances (14%) where annual SRS inclusion and fee information was not published, was not for the current year, or did not include sufficient detail for parents to make an informed decision on participation.</li> <li>14 instances (33%) where the SRS information did not clearly specify</li> </ul>	Parents are not able to make an informed decision to participate in the SRS due to SRS inclusions and annual fees not being clearly communicated on the school's website, resulting in SRSs not achieving the objectives / benefits for which they were created.	As per Development Area 2.1, remind schools of requirements. Internal Audit has also advised each school selected for audit testing of any non-compliances identified for the school.	Low	<p><b>Implementation Due Date</b></p> <p>31/01/2025</p> <p><b>Risk Owner (Observer)</b></p> <p>Duncan Anson, Assistant Director-General, Finance, Procurement and Facilities, and Chief Finance Officer</p> <p><b>Action Officer (Owner)</b></p> <p>Alison Mohr, Executive Director, Financial Strategy and Advice</p>

Ref.	Development area	Risk / impact	Agreed management action	Priority	Management action plan
	<p>whether the resource included in the scheme was a hired, consumed in class, or purchased from the school item.</p> <ul style="list-style-type: none"> <li>Two instances (5%) where the SRS did not indicate that it was optional to participate. One of these stated that the fee was mandatory.</li> <li>15 instances out of the 29 eligible schools (52%) where it was not clear that the TRA amount had been applied as a reduction to the SRS fee.</li> </ul> <p>Furthermore, sample-based testing identified:</p> <ul style="list-style-type: none"> <li>Seven schools' websites (17%) with no SRS information for parents or only partial information published.</li> <li>Three schools' websites (7%) where SRS information was not current e.g. contained prior year's information.</li> </ul> <p>Six out of 24 schools interviewed (25%) noted that they did not provide parents the required annual parent information letter (or equivalent document) giving them the opportunity to change their participation status (opt in or opt out).</p>				

Ref.	Development area	Risk / impact	Agreed management action	Priority	Management action plan
2.7	<p><b>Define the process for how any surplus SRS revenue for the year is to be applied</b></p> <p>The SRS procedure requires Principals to ensure that SRS revenue is spent in line with the fee-for-service intent of the scheme (i.e. based on recovering the cost of resources) and ensure that it is use for its specified purpose.</p> <p>Although the school must report SRS revenue and expenditure for the previous calendar year to the P&amp;C Association to determine if there is a surplus or deficit and ensure that the SRS remains cost neutral (i.e. annual fee should only be at or below cost recovery price), the department does not have a defined process on what to do should a surplus of funds be identified.</p> <p>An instance was noted where surplus SRS revenue was identified by the school (some of which was carry forward from prior years) and presented to the P&amp;C Association who determined that the monies be put towards upgrade of netball courts and constructing beach volleyball courts at the school (something the funds were not intended for).</p>	<p>SRS overcharging, or the extent of reduced fees provided may not be identified, and revenue may not be spent on agreed SRS inclusions (e.g. used for other purposes by the school), due to poor management practices in schools including not following departmental requirements, resulting in legislative requirements not being met and reputational damage to the schools and department.</p>	<p>Finance Business Policy (FBP) will, as part of the policy review in 2024 of school fees and charges, define the process for how any surplus SRS revenue for the year is to be applied.</p>	Low	<p><b>Implementation Due Date</b></p> <p>31/01/2025</p> <p><b>Risk Owner (Observer)</b></p> <p>Duncan Anson, Assistant Director-General, Finance, Procurement and Facilities, and Chief Finance Officer</p> <p><b>Action Officer (Owner)</b></p> <p>Alison Mohr, Executive Director, Financial Strategy and Advice</p>

Ref.	Development area	Risk / impact	Agreed management action	Priority	Management action plan
	Furthermore, interviews with key personnel at schools noted that while only seven out of 24 sampled schools indicated they performed an annual review (29%), any surplus revenue was typically carried forward into future years or pooled with other faculty budgets.				

Released by DoE under the RTI Act



## Appendix A – Non-compliances identified by audit testing

SRS audit area	Non-compliances identified
Annual SRS fees	<ul style="list-style-type: none"> <li>Schools not determining SRS fees and inclusions annually.</li> <li>Schools not able to provide documentation or evidence to support the calculation of their annual SRS fee/s.</li> <li>TRA amount not clearly shown as a reduction to the SRS fee where applicable.</li> <li>Annual fee based on affordability without determining the base cost of providing the SRS.</li> <li>Annual fee based on what neighbouring schools charge.</li> <li>Annual fee left the same as prior year without any current year calculations.</li> </ul>
SRS inclusions	<ul style="list-style-type: none"> <li>Items included within the SRS that are not eligible i.e. they relate to the cost of 'instruction', 'facilities' or 'administration'.</li> <li>Schools not maintaining evidence to determine the eligibility of inclusions in their SRS.</li> </ul>
Inviting parents to participate in SRS	<ul style="list-style-type: none"> <li>Out of date Participation Agreement Forms (PAF) being used.</li> <li>The PAF template being modified by schools.</li> <li>Schools creating their own agreement forms.</li> <li>The PAF not being published on the school website.</li> </ul>
Endorsement by P&C Association	<ul style="list-style-type: none"> <li>SRS inclusions and annual fee not being presented to the P&amp;C Association and endorsed in writing, or evidence not being maintained that they were presented and endorsed (or by a parent representative(s) where the school has no P&amp;C Association).</li> <li>SRS revenue and expenditure reporting for the previous year not being presented to the P&amp;C Association at or before the meeting to discuss the SRS for the following year.</li> <li>Parents not being notified when the SRS is to be discussed at an upcoming P&amp;C meeting.</li> </ul>
Informing parents of SRS inclusions and annual fees	<ul style="list-style-type: none"> <li>Minimum requirements not being met for information to be published on the school website for each SRS offered.</li> <li>Information published on school websites is not current.</li> <li>School website does not clarify that participation in an SRS is optional.</li> <li>Annual parent information letter (or equivalent document) not provided to parents giving them the opportunity to change their participation status.</li> </ul>

SRS audit area	Non-compliances identified
Surplus revenue and expenditure reporting	<ul style="list-style-type: none"> <li>• SRS revenue and expenditure for the previous year not being determined and reviewed.</li> <li>• Any surplus revenue for the year not being spent in line with the fee-for-service intent of the scheme.</li> </ul>

Released by DoE under the RTI Act

## Appendix B – Distribution list

This audit report will be issued to the officers listed in the following table.

To	Position
Duncan Anson	Assistant Director-General, Finance, Procurement and Facilities and Chief Finance Officer
Regional Directors	Regional Directors
<b>CC</b>	
Stacie Hansel	Deputy Director-General, Schools and Student Support
Alison Mohr	Executive Director, Financial Strategy and Advice, Finance, Procurement and Facilities
Malcolm Wilson	Executive Director, Financial Services, Finance, Procurement and Facilities
Shelley Bampton	Executive Director, Office of the Associate Director-General, Early Childhood and State Schools
David Miller	Executive Director, Office of the Associate Director-General, Early Childhood and State Schools
Ruth Bergin	Director, Financial Business Policy, Financial Strategy and Advice

## Appendix C – Priority ratings

Priority ratings have been assigned to the development areas raised in this report. The actions to mitigate, review and report are aligned with the department's Enterprise Risk Management Framework (ERMF) to ensure that any risks above the department's risk tolerance level are escalated to Executive Management to consider appropriate response, if required. Escalation is a function of accountability essential to good governance.

The table below outlines the attributes based on the overall priority level.

Priority level	Attributes
<b>Extreme priority</b>	An extreme weakness in the control environment which exposes the department to a significant impact in terms of achievement of corporate objectives, child / student safety, operational and financial results and/or impairment of reputation.
<b>High priority</b>	A significant weakness in the control environment which exposes the department to a material impact in terms of achievement of corporate objectives, child / student safety, operational and financial results and/or impairment of reputation.
<b>Medium priority</b>	A moderate weakness in the control environment which exposes the department to a moderate impact in terms of achievement of corporate objectives, child / student safety, operational and financial results and/or impairment of reputation.
<b>Low priority</b>	A minor weakness in the control environment which does not seriously expose the department to a material or moderate impact in terms of achievement of corporate objectives, child / student safety, operational and financial results and/or impairment of reputation.
<b>Business process opportunity (BPO)</b>	An opportunity for the business area to improve the efficiency and effectiveness of current processes which, if not actioned, does not expose the department to any material impact in terms of achievement of corporate objectives, child/student safety, operational and financial results and/or impairment of reputation.

For further information visit the homepage for the [Enterprise Risk Management Framework](#) or [Policy and Procedure Register](#) or email the Governance and Risk team at [enterprise.riskmanagement@qed.qld.gov.au](mailto:enterprise.riskmanagement@qed.qld.gov.au).

# Student Resource Scheme

Audit Reference: 2223-S04  
Issued: 7 June 2023

Released by DoE under the RTI Act

## 1. Background

An internal audit of the Student Resource Scheme (SRS) is to be performed in accordance with the approved 2022-23 Department of Education (the department) 6+6 Month Internal Audit Plan.

Under the *Education (General Provisions) Act 2006 (Qld)* Section 50(2), the cost of 'instruction', 'facilities' and 'administration' are met by the State. State funding for schools does not extend to individual student resources such as textbooks, equipment for personal use and items used/consumed by the student in the classroom. Parents<sup>2</sup> are responsible for supplying these resources to support student learning. The SRS provides parents with a convenient and cost-effective alternative to individually sourcing items.

There are three categories of SRS:

- curriculum resources, e.g. textbooks, student diaries, in-class consumables;
- personal computing devices, e.g. laptops or tablets; and
- other educational programs, e.g. instrumental music, choir, excellence programs, etc.

Schools may offer no SRS, or any, all or multiple of the three types. Similarly, parents may choose to participate in one or more SRS offered by the school.

In determining SRS fees, schools should consider the type of item, the nature of the resource and the applicable GST treatment. Additionally, schools must ensure no student is disadvantaged in their education, regardless of participation in an SRS.

The table below shows that over the past five years, the average SRS fees per student have increased, indicating that parents are having to contribute more to support student learning. It is noted the percentage increase is consistent with Australian annual inflation rates.

	2017-18	2018-19	2019-20	2020-21	2021-22
<b>SRS fees</b>	\$ 83.60M	\$ 87.71M	\$ 91.82M	\$ 92.32M	\$ 97.20M
<b>Average SRS fee per student**</b>	\$ 151.26	\$ 156.35	\$ 159.99	\$ 160.51	\$ 170.06
<b>Yearly percentage increase</b>	-	3.37%	2.33%	0.33%	5.95%

*\*\* The calculation of the average SRS fee per student is an indication of the increase in cost for parents to support student learning. For the purposes of this calculation, total enrolled student data was used, however, in practice not all enrolled students participate in SRS. Data source: The department's Annual Financial Statement and Student Enrolment Summary.*

The implementation and management of SRS is at the discretion of the school and is required to be endorsed annually by the respective Parents & Citizens' (P&C) Association. Although the

<sup>2</sup> Under the *Education (General Provisions) Act 2006 (Qld)*, s.1, parent is defined as the child's mother, child's father or a person who exercises parental responsibility for the child. For the purposes of this internal audit, and consistent with legislation and department procedures, a parent also means carer, guardian and independent student.

department's SRS procedure and supporting guidelines are developed centrally, there are no centralised monitoring activities performed by the department to ensure schools are following departmental requirements.

The Textbook and Resource Allowance (TRA) is a State Government allowance that provides financial assistance to parents of full and part-time secondary students to offset the cost of education. The department pays the allowance to schools on behalf of parents of students attending years 7-12 at approved state and non-state schools and approved special schools studying a modified curriculum at the year level equivalent of 7-12.

If parents participate in a school's SRS, the school must pass on the TRA by applying a reduction to the SRS fee. If a parent chooses not to participate in the SRS, they can request to have their TRA provided as credit to the student's account, or as a direct payment.

Detailed below are the current allowance rates. For the 2021-22 financial year, the department paid \$72.59M in TRA.

Year level	Amount
Years 7 to 10	\$136 per student per annum (2022 rate) \$146 per student per annum (2023 rate)
Years 11 to 12	\$295 per student per annum (2022 rate) \$317 per student per annum (2023 rate)

The following reflects the objectives, scope and approach, audit process, staffing, timing and reporting protocols agreed with management for the audit.

## 2. Objectives, scope and approach

The objectives of the audit are to assess the design and operational effectiveness of internal controls relating to SRS. The audit will include how SRS is administered and managed in schools and compliance with legislative and departmental requirements.

The following table outlines the scope and approach for each key risk / audit area. (Note: additional risks and audit areas may be identified during the audit).

Audit area	Risk description	Scope and approach
Governance and oversight	Ineffective school SRS processes due to inadequate governance and oversight practices performed for SRS, resulting in non-compliance with legislation and departmental requirements, and SRSs not achieving the objectives / benefits for which they were created.	Review and assess the adequacy of the department's policies, procedures and guidelines in place for SRS.  Assess governance and oversight practices performed for SRS.

Audit area	Risk description	Scope and approach
Determining SRS inclusions and annual fee	<p>The SRS is not based on a cost-recovery model due to additional resources/costs being included, resulting in overcharging for goods and services.</p> <p>Resource inclusions do not meet the definition of SRS (i.e. resource that falls under the cost of 'instruction', 'facilities' and 'administration' as per the Education (General Provisions) Act Section 50(2)), resulting in non-compliance with legislation and departmental requirements</p>	<p>For a sample of schools, assess the design and operating effectiveness of controls in place for:</p> <ul style="list-style-type: none"> <li>determining SRS inclusions;</li> <li>calculating the annual fee; and</li> <li>obtaining endorsement of SRS and the annual fee by the P&amp;C association (or equivalent parent representative body).</li> </ul>
Participation in SRS	<p>Parents not being able to make an informed decision to participate in the SRS due to SRS inclusions and annual fees not being clearly communicated or transparent, resulting in SRSs not achieving the objectives / benefits for which they were created.</p>	<p>For a sample of schools, assess the design and operating effectiveness of controls in place for:</p> <ul style="list-style-type: none"> <li>inviting parents to participate in SRS; and</li> <li>informing parents of SRS inclusions and annual fees prior to agreement.</li> </ul>
Management of SRS fees	<p>SRS revenue may not be spent on agreed SRS inclusions (e.g. used for other purposes by school); SRS fees may be invoiced and pursued without parental agreement on the participant agreement form; and/or students and parents may be placed under undue stress to pay debt they did not agree to, etc., due to poor management practices in schools, resulting in non-compliance with legislation and departmental requirements and reputational damage to the schools and department.</p>	<p>For a sample of schools, assess the design and operating effectiveness of controls in place for:</p> <ul style="list-style-type: none"> <li>issuing of invoices;</li> <li>fee waivers, discounts and credit arrangements;</li> <li>calculating pro rata fees;</li> <li>debt management;</li> <li>SRS revenue to expenditure reporting;</li> <li>GST treatment for purchases; and</li> <li>recovery of hired assets where item is not returned or not returned in a usable condition.</li> </ul>
Management of TRA	<p>There is a risk that eligible parents do not receive their TRA benefit due to it not being passed onto, or shown to be offsetting costs in the SRS, resulting in non-compliance with legislation and departmental requirements and parents being overcharged to participate in SRSs or to source their own student resources.</p>	<p>For a sample of schools, assess the design and operating effectiveness of controls in place to ensure TRAs are passed on to the parents of eligible students.</p>



The audit will be undertaken through review of documentation (legislation, policy, procedures, guidelines, forms, etc.) to confirm key risks and identify key controls, walkthrough testing to confirm processes and controls, and targeted operational effectiveness testing to confirm key controls are operating as intended.

Operational effectiveness testing undertaken will be sample-based and will include testing at schools from across the state varying in size, type and complexity.

Process documents and documents required for testing will be selected and requested during the planning phase of the audit, where possible.

### Scope exclusions

The scope for the audit does not include:

- Funding provided by the State under the *Education (General Provisions) Act 2006 (Qld)* except where it relates to the management of TRA at schools.
- Other forms of user fees and charges such as out of catchment enrolment fees, extra-curricular activities (e.g. sports), excursions, camps, graduations, formals, etc. and hire fees for use of departmental facilities and equipment.
- TRAs provided to non-state schools, schools of distance education and home education, as the facilitation of TRA payments is not made via schools.
- Procurement processes for items provided under the SRS.
- Asset management processes for items purchased and owned by the school which are hired to students for temporary use under SRS.

## 3. Privacy

During the course of the audit confidential information may be collected, accessed and reviewed. Information will not be disclosed to third parties unless required or authorised by or under law. This is in line with the relevant provisions of privacy requirements.

## 4. Authority

Under the department's Internal Audit Charter created as per the requirements of the *Financial and Performance Management Standard 2019*, Internal Audit Branch (IAB) is authorised to conduct such audits as are considered necessary to exercise its responsibilities, to determine their nature and scope, and to develop methods of investigation for the assessment of operations.

In addition, IAB is authorised full, free, and unrestricted access to any and all of the department's records, personnel, and physical properties relevant to the performance of engagements.

## 5. Audit process

The approach taken to deliver the scope will conform with IAB's standard internal audit approach which includes:

Phase	Approach
Audit strategy	IAB will conduct preliminary research into the area to be audited. This will include communicating with the client to confirm the objectives, scope and approach, key risk areas, audit process, staffing, timing and reporting protocols, etc. for the audit and to request additional information to facilitate detailed audit planning.
Detailed planning	Information obtained will be analysed and risk and control work programs prepared that focus on the key objectives, key risks and areas of significance / materiality to the objectives of the audit. Key risks will be identified from review of documentation and interviews held during the planning phases of the audit and from review of risk registers for areas within the scope of the audit. Additional risks identified during audit fieldwork will also be examined. Details of documents required for audit fieldwork testing will be requested (where applicable) and key client interviews arranged where possible.
Audit fieldwork	The audit approach will be in accordance with section 2 above. Any development areas identified will be discussed with the client during audit fieldwork and in accordance with agreed protocols. At the completion of audit fieldwork, a clearance meeting will be conducted to validate development areas and agree management actions.
Reporting	A draft report will be issued to all interested parties for input or comment. Agreed management actions will be included in the final report for any development areas identified. The audit report will include a statement that management confirm none of the agreed actions limit a human right. The final report will be issued to senior department management, and tabled at the following Audit and Risk Management Committee meeting.
Post audit	After finalisation of the audit report, IAB will input agreed management actions for each development area reported into IAB's TeamCentral audit management system. Management will be requested to provide periodic status updates and input details of corrective action taken directly into TeamCentral with the responses provided subject to later audit verification.

## 6. Auditors

The audit will be performed by Principal Internal Auditor, Natasha Dreier and Senior Internal Auditor, Thomas Hillborn with the assistance of Principal Internal Auditors located at schools/regions. Additional staff may be used as required. Craig Setter, Manager Internal Audit will manage the audit.

## 7. Timeframe

The audit is expected to be completed according to the following timetable.

Milestone	Planned timing
Fieldwork	Commencing 8 May 2023 for approximately 7 weeks
Draft report	By 28 July 2023
Final report	Within two weeks of receiving agreement to the draft report

## 8. Distribution list

This scope will be issued to the officers listed in the following table.

To	Position
Duncan Anson	Assistant Director-General Finance, Procurement and Facilities and Chief Finance Officer
<b>CC</b>	
Alison Mohr	Executive Director, Financial Strategy and Advice, Finance, Procurement and Facilities
Stacie Hansel	Deputy Director-General, Schools and Student Support
Daniel Rothnie	Director, Financial Business Policy, Financial Strategy and Advice
	Regional Directors

## Internal Audit Report

# Governance Committees

Audit Reference: 23-24-G16

Issued: 15 November 2024



## Table of contents

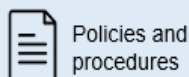
<b>1. Executive Summary .....</b>	<b>3</b>
1.1 Background .....	4
1.2 Objectives, scope and approach .....	4
1.3 Summary of results .....	4
1.4 Acknowledgement .....	6
<b>2. Development Areas and Agreed Management Actions .....</b>	<b>7</b>
<b>Appendix A – Distribution list.....</b>	<b>13</b>
<b>Appendix B – Priority ratings .....</b>	<b>14</b>
<b>Appendix C – Internal audit scope .....</b>	<b>15</b>
<b>Appendix D – Governance committee overview .....</b>	<b>21</b>
<b>Appendix E – Committee membership overview .....</b>	<b>22</b>
<b>Appendix F – Key themes from meetings.....</b>	<b>24</b>

# 1. Executive Summary

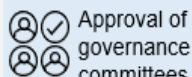
## Audit objectives, scope elements & approach

### Objectives and key audit areas

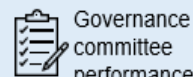
The objectives of the audit were to assess the design and operational effectiveness of internal controls for the department's governance committees, including alignment to better practice principles.



Policies and procedures



Approval of governance committees

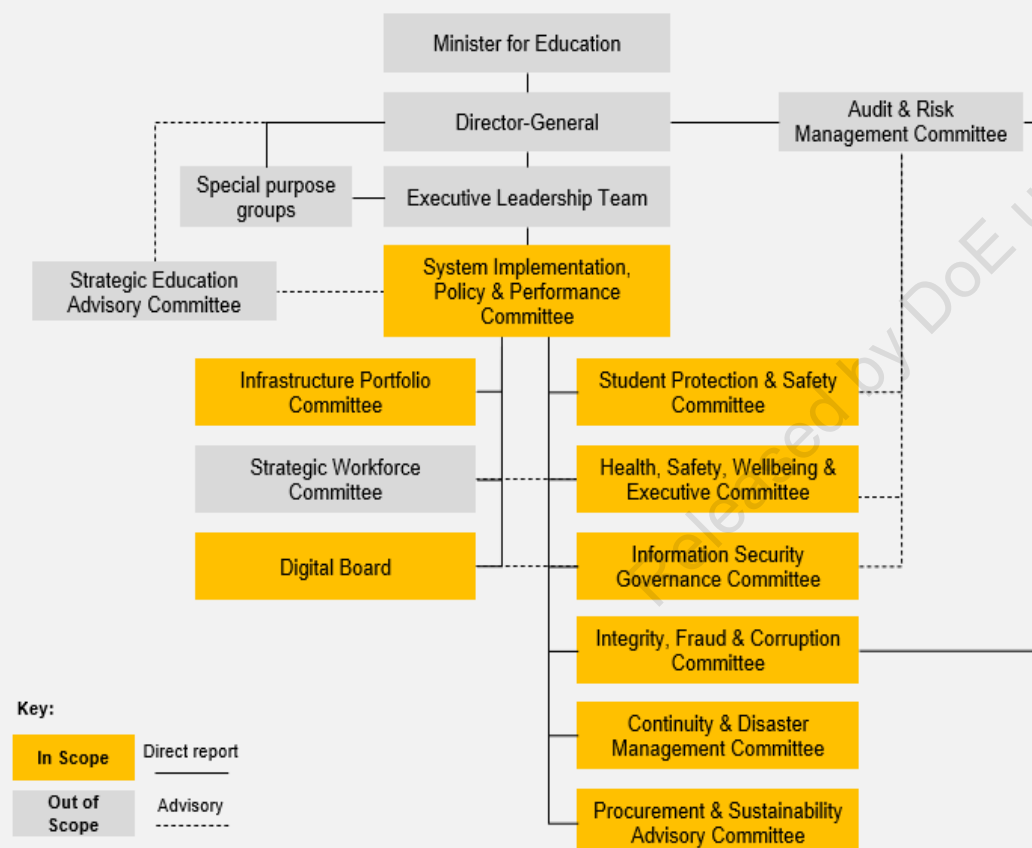


Governance committee performance



Governance committee operation

### Governance committees



## Better practice governance elements and documentation

The department's governance committees were assessed against better practice elements and processes, including:



### Key development areas & positive observations

#### Conclusion and development areas

The internal audit noted opportunities for improvement in the design of processes and controls for the operation and management of governance committees. Detailed testing conducted over a sample of 9 governance committees identified that controls are not always operating effectively, and processes are not standardised.

**2.1.1 Strengthen governance guidance documentation and induction processes**

**2.1.2 Develop and define decision making and escalation tolerances**

**2.2.1 Enhance processes to review and assess governance committee performance**

**2.3.1 Update committee documentation, enhance the consistent use of templates, and revisit membership and attendance of committees**

**Priority level** Extreme High Medium Low Business Process Opportunity

#### Positive observations

- ✓ All governance committees have an approved Terms of Reference (ToR) that defines the purpose, membership, responsibilities, and operations. The ToRs are aligned to templates, providing consistency in the information captured across committees.
- ✓ GS&P recently completed an annual review of governance committees and identified opportunities relating to risk management, strategic performance and operations of the committees, with results reported to the ELT to inform strategy and performance.
- ✓ The effectiveness of governance committee operations was highlighted through regular meetings, achievement of quorum requirements, agendas and minutes, with actions and decisions tracked and stored in a centralised location.

## 1.1 Background

An internal audit of the department's governance committees<sup>1</sup> has been performed in accordance with the approved 2023-24 Department of Education (the department) 6+6 Month Internal Audit Plan.

A strong governance framework is essential in supporting organisations to achieve their strategic objectives, together with managing risks. In 2015, the department established a Corporate Governance Framework detailing the standards and expectations for accountability and transparency, and elements and practices for effective governance. The framework is implemented through strategies, policies, processes and resources that provide ongoing confidence in the integrity of the department's services.

Governance committees are an important part of the department's corporate governance framework. These committees enable the department to advise and support the Director-General in his decision-making responsibilities, or to make decisions to manage the department. The department has developed a number of guides, checklists, tools and templates to support the effectiveness of the governance committees.

In May 2024, Governance, Strategy & Planning (GS&P) presented the Executive Leadership Team (ELT) with proposed changes to the existing governance committee structure, including a revised Governance Framework and Strategic Governance Model. These were endorsed by the ELT and were in the process of being communicated and implemented at the time of this audit. In addition, several tools, templates and resources (i.e., checklists and fact sheets) have been revised and/or developed to support governance committees.

## 1.2 Objectives, scope and approach

The objectives of the audit were to assess the design and operational effectiveness of internal controls for the department's governance committees, including alignment to better practice principles.

The detailed scope and approach for the audit followed the Internal Audit Scope agreed with management during the planning phase of the audit which is attached as **Appendix C**.

The audit approach included testing of a sample of governance committees (refer to **Appendix D**) to check awareness and compliance with requirements, and interviews with Chairs and Secretariats to gain an understanding of awareness levels and processes in place for committee management (refer to **Appendix F**).

## 1.3 Summary of results

The department is on a maturity journey to strengthen processes and key controls that support the operation of governance committees. This was evident through the process undertaken to revise the Governance Framework and Strategic Governance Model and the recent strategic governance group review. Furthermore, following completion of audit fieldwork, GS&P completed drafting a 'Governance Toolkit' which includes revised tools and templates to support committees and their members (particularly Chairs and Secretariats).

---

<sup>1</sup> For this audit, the term governance committees is used to refer to governance committees and boards.

During the audit reporting period (September 2024), the Governance Toolkit was approved for implementation by the System Implementation, Policy & Performance (SIPP) Committee. The development and distribution of the Governance Toolkit has addressed a number of the development areas raised during the audit. The implementation and embedding of these tools and templates across governance committees should enhance each committees' operations, decision-making and ultimately, achievement of their objectives.

Notwithstanding these enhancements, the audit identified further opportunities for improvement in the design of processes and controls for the operation and management of governance committees.

The audit identified a number of areas where procedural requirements are not clearly defined to support governance committees in their operations (e.g., record keeping requirements and annual performance review processes). In addition, thresholds for committee decision making and escalation / reporting to parent committees, such as the System Implementation, Policy and Performance Committee (SIPP) and the ELT have not been defined. Training and induction resources for committee members are also limited and occur inconsistently, with processes dependent on the committee.

Review of governance committee template documents identified opportunities to make further refinements to align with better practice principles<sup>2</sup> to support the recently revised Governance Framework.

In addition, detailed testing conducted over a sample of nine governance committees identified that controls are not always operating effectively, and processes are not standardised. Sample testing identified a lack of / incorrect use of existing templates, maintenance of documentation, preparation and recording of meeting agendas and minutes, and review of committee performance. It is noted that in October 2024 as part of the release of the new toolkit resources, strategic governance groups were provided with new templates for adoption, which will support improved consistency. This will be monitored and reviewed through the next annual assessment process.

Lastly, analysis of committee membership identified an opportunity to review the number of members and the composition of members on each committee. A number of senior executives are members on multiple governance committees, including both parent and supporting committees.

One medium and three low priority-rated development areas were identified during the audit. Refer to **Appendix B** for an explanation of priority ratings.

Section 2 provides further detail on each of the development areas including agreed management actions.




---

<sup>2</sup> Internal Audit performed a comparison to better practice utilising Governance Institute of Australia guidelines and benchmarking to other Queensland Government departments.



### 1.3.1 Positive observations

The following positive observations were also identified during the audit:

Positive observations	
	All governance committees reviewed have an approved ToR that defines the purpose, membership, responsibilities, and committee operations. The ToRs are aligned to templates developed by GS&P which provides consistency in the information captured in ToRs across governance committees. Additionally, ToRs for most of the governance committees are reviewed and updated regularly.
	GS&P recently completed an annual review of governance committees, which included review of their self-assessments and documentation such as meeting packs. The review identified opportunities relating to risk management, strategic performance and operations of the committees, with results reported to the ELT to inform strategy and performance. GS&P is implementing recommendations to address the improvement opportunities they identified, including development / revision of tools and guidelines to ensure consistency and further support governance committees in operating as per their objectives.
	The effectiveness of governance committee operations was highlighted through regular meetings, achievement of quorum requirements, agendas and minutes, with actions and decisions tracked and stored in a centralised location.

## 1.4 Acknowledgement

Internal Audit Branch (IAB) would like to thank management and staff from Strategy and Performance Branch and the sampled governance committees that IAB liaised with, for the assistance provided during the course of the audit and for working together to provide agreed management actions for the development areas identified.

Management confirms that none of the agreed management actions limit a human right.

To assist in maintaining the efficiency of the audit process and the quality of the audit report, it is important for IAB to seek the views of management immediately after an audit has been finalised. To this end, it would be appreciated if you could complete a client survey using the department's Survey Manager tool (link provided below):

<https://survey.qed.qld.gov.au/anon/370.aspx>

## 2. Development Areas and Agreed Management Actions

### 2.1 Policies and procedures

2.1.1 Strengthen governance guidance documentation and induction processes	Priority - Low
<p><b>Development area</b></p> <p>Review of the revised Governance Framework and supporting documents against better practice during audit fieldwork identified that not all procedural requirements for committee operations are clearly documented. While current Terms of Reference (ToR) documents include some references, guidance materials do not include elements such as:</p> <ul style="list-style-type: none"><li>• Management of conflicts of interest during committee meetings; and</li><li>• Record keeping requirements (including when meetings are recorded, and associated requirements such as consent, storage, security, etc.).</li></ul> <p>Existing governance committee materials are located in different templates and documents on the Governance OnePortal page and not in a centralised document (i.e., a Committee Handbook), increasing the challenge of finding guidance. Committee documentation is referred to in the Guide for a committee chair document, however, there is no mandate for a committee to establish all the documents (i.e., Terms of Reference, Annual Activity Plan, etc.).</p> <p>Training and induction resources for committee members are limited and occur inconsistently, with processes dependent on the committee. Induction processes observed included the use and distribution of induction packs and ToRs, one-on-one meetings with the committee Chair, or on-the-job training for Secretariats.</p> <p>While there are guides and templates available to governance committees, there is no departmental specific training / induction provided to governance committee members, including Chairs, Secretariats, and proxies, to ensure consistency in the management and operation of committees, and awareness of process requirements.</p> <p><i>NOTE: Internal Audit notes that during the audit reporting period (September to November 2024), GS&amp;P obtained approval from the SIPP Committee to implement the recently revised Governance Toolkit, which includes a revised Chair Guide, revised Secretariat Guide and revised templates that collectively document / define the majority of the above processes. The documents within the Governance Toolkit were uploaded to a central location (i.e., the Intranet) in October 2024.</i></p>	
<p><b>Risk / impact</b></p> <p>Lack of clarity and understanding of expectations, roles and responsibilities regarding committee operation and management due to a lack of documented guidance, training and induction, resulting in ineffective and inconsistent processes and failure to meet strategic objectives.</p>	

<b>Proposed management action</b>	
<p>The Executive Director, Governance, Strategy &amp; Planning will:</p> <ul style="list-style-type: none"> <li>a) Review the revised Governance Toolkit and consider improving references to existing record keeping and conflict of interest guidance, in context to committee meetings.</li> <li>b) Develop further guidance material to support Chairs and Secretariats to induct new members, with consideration to a meeting with the Chair and sharing of the relevant committee's Terms of Reference and Annual Activity Plan, and ensure that this is accessible in a central location (i.e., the Intranet).</li> </ul>	
<b>Implementation Due Date</b>	31/03/2025
<b>Risk Owner (Observer)</b>	Tracy Fogarty, Executive Director, Governance, Strategy & Planning
<b>Action Officer (Owner)</b>	Naomi Stevens, Director, Governance & Complaints

<b>2.1.2 Develop and define decision making and escalation tolerances</b>	<b>Priority - Medium</b>
<b>Development area</b>	
<p>Effective and efficient governance is enabled by the right people, making the right decisions at the right time. To achieve this objective, clear accountabilities, decision-making processes and tolerances should be defined to ensure that governance bodies and accountable officers understand which decisions fall within their remit and which do not.</p> <p>Thresholds for decision making and escalation to each governance committee from sub-committee/s (including escalation of decisions to SIPP and/or ELT) are not formally defined.</p> <p>Most governance committee decision-making is performed on a consensus basis, but this is not defined in the ToR for most committees.</p>	
<b>Risk / impact</b>	
<p>Lack of clarity and understanding of expectations, roles and responsibilities regarding committee decision making due to decision making accountabilities, processes and tolerances not being defined, resulting in ineffective and inconsistent processes and failure to meet strategic objectives.</p>	
<b>Proposed management action</b>	
<p>The Executive Director, Governance, Strategy &amp; Planning will:</p> <ul style="list-style-type: none"> <li>a) Improve clarity in governance toolkit resources, such as the ToR, about decision-making by aligning to the department's Decision-making Framework; and</li> </ul>	

b) Work with relevant governance groups to develop thresholds for agenda items suitable for their groups and escalation tolerances to parent groups.	
<b>Implementation Due Date</b>	31/10/2025
<b>Risk Owner (Observer)</b>	Tracy Fogarty, Executive Director, Governance, Strategy and Planning
<b>Action Officer (Owner)</b>	Naomi Stevens, Director, Governance & Complaints

## 2.2 Governance committee performance

2.2.1 Enhance processes to review and assess governance committee performance	Priority - Low
<b>Development area</b>	
<p>Review of committee annual review documentation (i.e., the self-assessment checklist) and discussions with staff identified the following:</p> <ul style="list-style-type: none"> <li>• Roles and responsibilities for completing the self-assessment (i.e., involvement of the Secretariat, Chair and members) and reporting requirements to GS&amp;P / SIPP are not defined. As a result, inconsistencies in the process and responsibilities for completing committee self-assessments were noted.</li> <li>• The self-assessment checklist does not include performance measures, such as the completion of actions arising from meetings on time and whether all meetings have been held.</li> <li>• The strategic governance group review performed by the GS&amp;P team (as the 2nd line) is not defined and documented, including timing and review detail (i.e., level of documentation / evidence reviewed) and communication of results.</li> </ul> <p>Further, it was noted that the self-assessment checklist and the annual assessment template / questionnaire (currently being tested with strategic groups as part of the strategic governance group review) were different, using different performance measures.</p>	
<b>Risk / impact</b>	
<p>The effectiveness of committee operations is not consistently and regularly reviewed due to the process and responsibility for completing the self-assessment checklist not being defined or followed, resulting in the inconsistent and ineffective operation of committees not being identified and committees not achieving their objectives.</p>	
<b>Proposed management action</b>	
<p>The Executive Director, Governance, Strategy &amp; Planning will document the annual review process, key requirements and revise the self-assessment checklist to include:</p> <p>a) Roles and responsibilities (e.g. of Committee - including Chair, Secretariat, members and</p>	

GS&P role as a 2nd line); b) Method and criteria; c) Timing and frequency of the review; d) Documentation requirements; e) Activities that are expected to be performed by governance committees (and processes to check these have been completed); f) Reporting and escalation of results (including communication to appropriate stakeholders); and g) Continuous improvement processes, including the development of actions that are tracked and monitored for implementation.	
<b>Implementation Due Date</b>	30 April 2025
<b>Risk Owner (Observer)</b>	Tracy Fogarty, Executive Director, Governance, Strategy and Planning
<b>Action Officer (Owner)</b>	Naomi Stevens, Director, Governance & Complaints

## 2.3 Governance committee operation

<b>2.3.1 Update committee documentation, enhance the consistent use of templates, and revisit membership and attendance of committees</b>	<b>Priority - Low</b>
<b>Development area</b>	
<p>To effectively manage governance committee operations, organisations should have standard templates aligned to better practice, that are regularly reviewed, and are consistently used by the committees.</p> <p>Review of departmental committee templates noted the following:</p> <ul style="list-style-type: none"> <li>• Template documents not aligned to better practices, including Terms of Reference (i.e., inclusion of decision making, reports received by the committee and ethics/confidentiality requirements), Annual Activity Plans (i.e., inclusion of review of the activity plan and ToR, annual committee performance review, frequency of activities, regular reports to be prepared/received) and meeting agendas (i.e., inclusion of items such as matters for escalation).</li> <li>• Except for ELT, SIPP and the Strategic Education Advisory Committee (SEAC), meeting schedules are not maintained at an individual committee or whole of department level, to outline key dates that committees are expected to meet across the year.</li> </ul> <p>Sample based testing of the use of committee templates across nine governance committees identified non-compliances such as:</p>	

- Terms of Reference:
  - ToRs did not reflect the latest governance and reporting structure, and one was not reviewed in the past year;
  - Some ToRs did not include all relevant sections of the template; and
  - Version control and approval information was not included.
- Annual Activity Plans and meeting schedules:
  - No Annual Activity Plan in place or not completed with all relevant details; and
  - Some Annual Activity Plans were not current, not aligned to a specific year or not aligned to the template.
- Meeting agendas and minutes:
  - Incorrect use of templates, including lack of standing agenda items;
  - Lack of documented approval of the agenda by the Chair;
  - Agendas circulated outside of timeframes; and
  - Inconsistencies between agendas and minutes.
- Membership and attendance:
  - Attendance registers were either not maintained or not accurately maintained for all committees;
  - 78% of committees lacked attendance by multiple members at 67% or more meetings in FY24, with no proxies attending in the member's place;
  - A proxy attendance rate of at least 20% was observed across the sampled meetings for at least half the committees that permit proxies; and
  - Most committees have over 11 members (excl. the Secretariat) and additional observers, and are generally comprised of senior departmental executive officers. These officers are members of, and attend a significant number of committee meetings. This often includes being members of both parent (i.e., SIPP) and supporting committees (refer to **Appendix D** and **Appendix E**).

*NOTE: Internal Audit notes that during the audit reporting period (September to November 2024), GS&P obtained approval from the SIPP Committee to implement the recently revised Governance Toolkit, which includes revised templates including Terms of Reference, Annual Assessment, Meeting agenda / minutes, Forward agenda and Meeting paper.*

### **Risk / impact**

Committee operations are not aligned to better practice due to deficiencies in the templates used and non-compliance, resulting in committees not achieving their objectives.

Lack of regular attendance at meetings by members due to competing priorities and the number of different committees they are on, resulting in committees not achieving their objectives.

### Proposed management action

The Executive Director, Governance, Strategy & Planning will:

- a) Monitor implementation of the new governance toolkit to identify further opportunities to align to better practice.
- b) Develop a departmental-wide governance committee meeting schedule for strategic governance groups.
- c) Work with committee Chairs to review the membership of each of the strategic governance committees as new arrangements are implemented. Considerations could include:
  - the number of members on each committee, including rules around proxy use;
  - appropriateness of membership for each individual, with consideration to committee purpose, member's role and experience, historical attendance and participation at meetings, etc.;
  - the need for each committee to comprise mainly senior executive officers;
  - the number of other committees each member attends; and
  - whether members should attend both parent and supporting committees.

Following review of membership, investigate measures to reduce governance meeting burden on members.

<b>Implementation Due Date</b>	31 October 2025
<b>Risk Owner (Observer)</b>	Tracy Fogarty, Executive Director, Governance, Strategy and Planning
<b>Action Officer (Owner)</b>	Naomi Stevens, Director, Governance & Complaints

## Appendix A – Distribution list

This audit report will be issued to the officers listed in the following table.

To	Position
Lesley Robinson	Assistant Director-General, Strategy and Performance, Policy, Performance, International & Intergovernmental
CC	
Kathleen Forrester	Deputy Director-General, Policy, Performance, International & Intergovernmental
Tracy Fogarty	Executive Director, Governance, Strategy & Planning, Strategy and Performance
Naomi Stevens	A/Director, Governance and Complaints, Governance, Strategy & Planning
Committee Chairs	



## Appendix B – Priority ratings

Priority ratings have been assigned to the findings raised in this report. The actions to mitigate, review and report are aligned with the department's Enterprise Risk Management Framework (ERMF) to ensure that any risks above the department's risk tolerance level are escalated to Executive Management to consider appropriate response, if required. Escalation is a function of accountability essential to good governance.

The table below outlines the finding attributes based on the overall priority level.

Priority level	Attributes
<b>Extreme Priority</b>	An extreme weakness in the control environment which exposes the department to significant material impact in terms of achievement of corporate objectives, child / student safety, operational and financial results and/or impairment of reputation.
<b>High Priority</b>	A significant weakness in the control environment which exposes the department to a material impact in terms of achievement of corporate objectives, child / student safety, operational and financial results and/or impairment of reputation.
<b>Medium Priority</b>	A moderate weakness in the control environment which exposes the department to a moderate impact in terms of achievement of corporate objectives, child / student safety, operational and financial results and/or impairment of reputation.
<b>Low Priority</b>	A minor weakness in the control environment which does not seriously expose the department to a material impact in terms of achievement of corporate objectives, child / student safety, operational and financial results and/or impairment of reputation.
<b>Business Process Opportunity (BPO)</b>	An opportunity for the business area to improve efficiency and effectiveness of current processes which, if not actioned, does not expose the department to any material impact in terms of achievement of corporate objectives, child / student safety, operational and financial results and/or impairment of reputation.

For further information visit the homepage for the [Enterprise Risk Management Framework](#) or [Policy and Procedure Register](#) or email the Governance and Risk team at [enterprise.riskmanagement@qed.qld.gov.au](mailto:enterprise.riskmanagement@qed.qld.gov.au).

## Appendix C – Internal audit scope

### 1. Background

An internal audit of the department's governance committees<sup>3</sup> is to be performed in accordance with the approved 2023-24 Department of Education (the department) 6+6 Month Internal Audit Plan.

A strong governance framework is essential in supporting organisations to achieve their strategic objectives, together with managing risks. In 2015, the department established a Corporate Governance Framework which details the standards and expectations for accountability and transparency, and elements and practices used for effective governance. The framework is implemented through strategies, policies, processes and resources that provide ongoing confidence in the integrity of the department's services.

Governance committees are an important part of the department's corporate governance framework. These committees enable the department to advise and support the Director-General in his decision-making responsibilities, or to make decisions to manage the department. The department has developed a number of guides, checklists, tools and templates to support the effectiveness of the governance committees.

Governance, Strategy & Planning (GS&P) recently completed an annual review of the department's governance committees which included review of their self-assessments and documentation such as meeting packs. The review identified opportunities relating to risk management, strategic performance and operations.

In May 2024, GS&P presented the Executive Leadership Team (ELT) with proposed changes to the existing governance committee structure, including a revised Governance Framework. These were endorsed by ELT and will be announced and subsequently implemented in due course.

The following reflects the objectives, scope and approach, audit process, staffing, timing and reporting protocols agreed with management for the audit.

### 2. Objectives, scope and approach

The objectives of the audit are to assess the design and operational effectiveness of internal controls for the department's governance committees, including alignment to better practice principles. The following table outlines the scope and approach for each key risk / audit area. (Note: additional risks and audit areas may be identified during the audit).

---

<sup>3</sup> For this audit, the term governance committees is used to refer to governance committees and boards.

Audit area	Risk description	Scope and approach
Policies and procedures	<p>Departmental requirements and guidelines in relation to the structure and operation of governance committees, do not reflect better practice guidance and governance principles and do not support the provision of effective planning, oversight and decision making.</p> <p>Lack of clarity and understanding of expectations, roles and responsibilities regarding committee management.</p> <p>Governance committees are not aligned to departmental requirements and guidelines.</p> <p>The above results in ineffective and inconsistent processes resulting in failure to meet strategic objectives.</p>	<p>Review the policies, procedures, tools and guidelines that support the structure and operations of the governance committees:</p> <ul style="list-style-type: none"> <li>• for alignment against better practice guidance and governance principles;</li> <li>• for clarity of expectations, roles and responsibilities regarding committee management; and</li> <li>• for evidence of periodic review and approval to ensure their ongoing effectiveness.</li> </ul> <p>Review alignment of the governance committees with the policies, procedures, tools and guidelines.</p> <p>Review and assess the adequacy of training provided and the communication of requirements to committee Chairs, Secretariats and members.</p>
Approval of governance committees	<p>The structure of the governance committees is inappropriate, resulting in ineffective decision making and the department's inability to achieve strategic objectives.</p> <p>Committees are established inconsistent with the approved structure, resulting in ineffective processes and inability to achieve strategic objectives.</p>	<p>Assess the design of control and operational effectiveness of processes for review and approval of the governance committee structure, ensuring the structure's ongoing effectiveness.</p> <p>Assess the design of control and operational effectiveness of processes for establishing committees, including approval and categorisation.</p>
Governance committee performance	<p>Lack of adequate and/or regular evaluation / review of a committee's operations and effectiveness, resulting in committees not achieving their objectives.</p>	<p>Review and assess the design of control and operational effectiveness<sup>4</sup> of the following:</p> <ul style="list-style-type: none"> <li>• Processes to regularly assess the performance and effectiveness of committee operations, with processes established for continuous improvement.</li> <li>• The use and appropriateness of performance measures.</li> </ul>
Governance committee operation	<p>The purpose, roles and responsibilities of each committee are not consistently defined and regularly reviewed.</p> <p>Committee operations do not conform with established departmental requirements.</p>	<p>Review and assess the design of control and operational effectiveness<sup>3</sup> of the following processes:</p> <ul style="list-style-type: none"> <li>• Use of Terms of Reference documents (ToR) to define purpose, objectives, roles and responsibilities of the Chair, Secretariat and members (including their reporting lines), membership details (including</li> </ul>

<sup>4</sup> The design of control assessment will include the 2nd line assurance role performed by GS&P. The extent of operational effectiveness testing performed will be dependent on the assessment of 2nd line assurance testing already performed by GS&P.

Audit area	Risk description	Scope and approach
	The above results in their inconsistent and ineffective operation and not achieving their objectives.	<p>selection and induction processes and consideration of skill mix and diversity), frequency, quorum, documented committee reporting lines (e.g. to a parent committee), and escalation processes.</p> <ul style="list-style-type: none"> <li>• Review and approval of ToR.</li> <li>• Establishment of work plans for each committee, to detail key activities and milestones, to inform agendas and the distribution and receipt of reports and information.</li> <li>• Reporting arrangements of committees into a relevant parent committee.</li> <li>• Scheduling of meetings and reporting arrangements (including timing and frequency), to ensure alignment and efficient flow of information between parent and subordinate committees.</li> <li>• Use of standard templates for key governance documents (e.g. ToRs, meeting agendas, meeting minutes, action registers).</li> <li>• Recording, distribution, monitoring and follow-up of meeting minutes and actions.</li> <li>• Review of membership and monitoring of attendance for tenure, skills mix and alignment with ToR principles.</li> </ul>

The audit will be undertaken through interviews and review of documentation (better practice guidance, policy, procedures, guidelines, documentation, etc.) to confirm key risks and identify key controls, walkthrough testing to confirm processes and controls, and targeted operational effectiveness testing to confirm key controls are operating as intended.

Operational effectiveness testing undertaken will be sample-based and will include review of the following governance committees, with interviews limited to two meetings per committee:

- System Implementation, Policy & Performance Committee
- Student Protection & Safety Committee
- Digital Board
- Information Security Governance Committee
- Health, Safety & Wellbeing Executive Committee
- Procurement and Sustainability Advisory Council
- Infrastructure Portfolio Committee
- Continuity & Disaster Management Committee
- Integrity, Fraud & Corruption Committee.

Samples selected will be from the period 1 July 2023 to 30 April 2024.

Process documents and documents required for testing will be selected and requested during the planning phase of the audit, where possible.

### Scope exclusions

The scope for the audit does not include:

- The Audit & Risk Management Committee and Executive Leadership Team.
- Program and project boards.
- Committees unless specifically listed in this scope.
- Processes / areas of corporate governance not specifically included in the above detailed scope areas.
- Appropriateness and completeness of agenda items for sampled committee meetings.
- Localised meetings, working parties / groups and meetings.
- Information systems, unless they form a key control in the process.

Assessing the performance of committees will be limited to a desktop review of committee documentation, as opposed to sitting in on meetings as observers.

## 3. Privacy

During the course of the audit confidential information may be collected, accessed and reviewed. Information will not be disclosed to third parties unless required or authorised by or under law. This is in line with the relevant provisions of privacy requirements.

## 4. Authority

Under the department's Internal Audit Charter created as per the requirements of the Financial and Performance Management Standard 2019, Internal Audit Branch (IAB) is authorised to conduct such audits as are considered necessary to exercise its responsibilities, to determine their nature and scope, and to develop methods of investigation for the assessment of operations.

In addition, IAB is authorised full, free, and unrestricted access to any and all of the department's records, personnel, and physical properties relevant to the performance of engagements.

## 5. Audit process

The approach taken to deliver the scope will conform with IAB's standard internal audit approach which includes:

Phase	Approach
Audit strategy	IAB will conduct preliminary research into the area to be audited. This will include communicating with the client to confirm the objectives, scope and approach, key risk areas, audit process, staffing, timing and reporting protocols, etc. for the audit and to request additional information to facilitate detailed audit planning.
Detailed planning	Information obtained will be analysed and risk and control work programs prepared that focus on the key objectives, key risks and areas of significance / materiality to the objectives of the audit. Key risks will be identified from review of documentation and interviews held during the planning phases of the audit and from review of risk registers for areas within the scope of the audit. Additional risks identified during audit fieldwork will also be examined. Details of documents required for audit fieldwork testing will be requested (where applicable) and key client interviews arranged where possible.
Audit fieldwork	The audit approach will be in accordance with section 2 above. Any development areas identified will be discussed with the client during audit fieldwork and in accordance with agreed protocols. At the completion of audit fieldwork a clearance meeting will be conducted to validate development areas and agree management actions.
Reporting	A draft report will be issued to all interested parties for input or comment. Agreed management actions will be included in the final report for any development areas identified. The audit report will include a statement that management confirm none of the agreed actions limit a human right. The final report will be issued to senior department management, and tabled at the following Audit and Risk Management Committee meeting.
Post audit	After finalisation of the audit report, IAB will input agreed management actions for each development area reported into IAB's TeamCentral audit management system. Management will be requested to provide periodic status updates and input details of corrective action taken directly into TeamCentral with the responses provided subject to later audit verification.

## 6. Auditors

The audit will be facilitated by an external provider under the Standing Offer Arrangement QG0050-18 for provision of Professional Services in the categories of Management, Finance, Procurement, Human Resources and Internal Audit by Contractors and Consultants. This audit will be managed by Craig Setter, Manager Internal Audit on behalf of IAB.

## 7. Timeframe

The audit is expected to be completed according to the following timetable.

Milestone	Planned timing
Fieldwork	Commencing 17 June 2024 for completion by 12 July 2024*
Draft report	Within four weeks of fieldwork completion
Final report	Within two weeks of receiving agreement to the draft report

*\*Pending availability of key stakeholders.*

## 8. Distribution list

This scope will be issued to the officers listed in the following table.

To	Position
Lesley Robinson	Assistant Director-General, Strategy and Performance, Policy, Performance, International & Intergovernmental
<b>CC</b>	
Kathleen Forrester	Deputy Director-General, Policy, Performance, International & Intergovernmental
Tracy Fogarty	A/Executive Director, Governance, Strategy & Planning, Strategy and Performance
Naomi Stevens	A/Director, Governance and Complaints, Governance, Strategy & Planning
Committee Chairs	

## Appendix D – Governance committee overview

The table below provides an overview of the governance committees in-scope for this audit. The information is based on the Strategic governance model (July 2024) and Terms of Reference for each governance committee.

	System Implementation, Policy & Performance Committee (SIPP)	Student Protection & Safety Committee (SPSC)	Digital Board (DB)	Information Security Governance Committee (ISGC)	Health, Safety & Wellbeing Executive Committee (HSWEC)	Procurement & Sustainability Advisory Committee (PSAC)	Infrastructure Portfolio Committee (IPC)	Continuity & Disaster Management Committee (CDMC)	Integrity, Fraud & Corruption Committee (IFCC)
<b>Chair</b>	Assoc. DG - Early Childhood and State Schools	DDG - Schools and Student Support (SSS)	DDG - PICS	DDG - PICS	DDG - PICS	ADG - Finance, Procurement and Facilities / CFO	DDG - Infrastructure Services Division	Assoc. DG - Early Childhood and State Schools	DDG - PICS
<b>Secretariat</b>	Executive Director - GS&P, PPII	Director - Student Protection, SSS	Governance Officer / Manager / Director - Governance, Risk & Compliance, ITB	Governance Officer / Manager / Director - Governance, Risk & Compliance, ITB	Executive Director - Safety, Wellbeing & Capability, Human Resources	Director - Procurement Capability, Compliance, Systems & Regional Support, Finance, Procurement & Facilities	Senior Program Officer - Portfolio Services, ISD	Manager – Disaster, Emergency & School Security	Director - Workforce Policy & Integrity, IER
<b>Members</b>	Refer to Appendix E below								
<b>No. of members (incl. Chair &amp; Secretariat)</b>	12	12	10	12	13	9	11	13	15
<b>No. of observers</b>	1	2	3	6	2	1	1	3	1
<b>Frequency of meetings</b>	Fortnightly	Once per term (i.e., Quarterly)	Quarterly	Bi-monthly	Quarterly	Not less than 3 times a year	Monthly	Quarterly	Bi-monthly
<b>Quorum</b>	Chair + 50%	Chair + 50%	Chair + 50%	Chair + 50%	Chair + 50%	Chair + 50%	Chair + 50%	Chair + 50%	Chair + 50%
<b>Direct reporting group(s)</b>	Subordinate governance groups	Student Protection Education Working Group	1. Digital Insights & Delivery Committee 2. Information Security Governance Committee	None	Regional Health, Safety & Wellbeing Committees, including Central Office Committee	Working groups (not defined in ToR)	Infrastructure Portfolio Change Sub-Committee, Dedicated Program Boards / Working Groups, Infrastructure Services Advisory Committee	Executive Coordination Centre	None
<b>Proxies</b>	Not permitted	Not permitted	Not permitted	Permitted	Permitted	Permitted	Permitted	Permitted	Permitted
<b>Type</b>	Strategic performance and risk	Risk-based, accountability Area of lowest risk appetite	Strategic performance and risk	Risk-based, accountability Area of lowest risk appetite	Risk-based, accountability Area of lowest risk appetite	Risk-based, accountability	Strategic performance and risk	Risk-based, accountability	Risk-based, accountability Area of lowest risk appetite



## Appendix E – Committee membership overview

The table below details committee membership based on review of current ToRs for the governance committees in-scope for this audit.

Position	Governance committees								
	SIPP	SPSC	DB	ISGC	HSWEC	PSAC	IPC	CDMC	IFCC
Assoc. DG, Early Childhood & State Schools (ECSS)	Chair					✓		Chair	
DDG, Early Childhood	✓		✓					✓	
DDG, Schools & Student Support (SSS)	✓	Chair	Deputy Chair		✓			✓	
ADG, Disability, Inclusion and Student Services (DISS), SSS		✓		✓	✓				
ADG, Reviews, Curriculum, Teaching and Learning, SSS	✓								
ED, Student Protection and Wellbeing, SSS		✓							
ED, Strategic Implementation and Governance, SSS									✓
DDG, First Nations Strategy & Partnerships (FNS&P)	✓		✓		✓				
ADG, FNS&P						✓			
ED, FNS&P		✓							
Director, First Nations Policy, FNS&P									✓
DDG, Policy, Performance, International & Intergovernmental (PPII)	✓								
ADG, Strategy & Performance, PPII	✓	✓	✓	✓	✓	✓		✓	✓
DDG, People, Information & Communication Services (PICS)	✓		Chair	Chair	Chair			✓	Chair
ADG / CPO, Human Resources (HR), PICS		✓		✓	✓				✓
ED, Safety, Wellbeing & Capability, HR, PICS					✓				
ED, Integrity and Employee Relations (IER), HR, PICS									✓
Director, Workforce Policy & Integrity, IER, HR, PICS									✓
ED, Strategic Communication & Engagement, PICS				✓				✓	
ADG / CIO, Information and Technologies Branch (ITB), PICS		✓	✓	✓		✓		Deputy Chair	
ED, Governance, Cyber and Policy, ITB, PICS				✓					✓
DDG, Infrastructure Services Division (ISD)	✓		✓		✓		Chair		
ADG, Services and Infrastructure Planning, ISD		✓				✓	Deputy Chair		✓
ADG, Infrastructure Delivery & Operations, ISD				✓			✓	✓	
ED, Infrastructure Operations, ISD					✓		✓		
ED, Infrastructure Delivery, ISD							✓		
ED, Portfolio Investment and Performance, ISD							✓		
ED, Regional Operations, ISD							✓		
ED, Strategy and Service Planning, ISD							✓		

Position	Governance committees								
	SIPP	SPSC	DB	ISGC	HSWEC	PSAC	IPC	CDMC	IFCC
Director, Business Support Services, ISD							✓		
Director, Portfolio Investment, ISD							✓		
Director, Portfolio Services, ISD							✓		
Director, Disaster, Emergency and School Security, ISD				✓					
ADG / CFO, Finance, Procurement & Facilities (FP&F)	✓		✓	✓	✓	Chair	✓	✓	✓
ED / CPO, Procurement & Facilities, FP&F						✓			✓
ED, Office of Director-General				✓				✓	
Regional Director, Metropolitan North	✓								
Regional Director, Darling Downs South West Region		✓							✓ RD rep.
Regional Director, ECSS					✓	✓			
Regional Director, North Coast Region								✓	
Principal, Wavell State High School		✓							
Principal Representative, ECSS					✓				✓
Business Manager Representative, Murrumba State Secondary College									✓

## Appendix F – Key themes from meetings

As part of this audit, meetings were held with the Chairs and Secretariats for the governance committees in-scope for this audit. The following table provides an overview of key themes identified during the meetings.

Scope area	Chairs	Secretariats
<b>Policies and procedures</b>	<ul style="list-style-type: none"> <li>The decision-making thresholds for the governance committees need to be clearly defined.</li> <li>The escalation tolerances from a committee to the parent committee need to be clearly defined.</li> <li>There is risk of inefficiency or duplication of effort in the papers / matters being presented twice (first to SIPP and then to ELT).</li> </ul>	<ul style="list-style-type: none"> <li>A formal training or induction process is required for the secretariats.</li> </ul>
<b>Approval of governance committees</b>	<ul style="list-style-type: none"> <li>The rationale and the approval process for the new governance committee structure for some chairs was not clear.</li> </ul>	<ul style="list-style-type: none"> <li>The rationale and the approval process for the new governance committee structure for secretariats was not clear.</li> <li>The updated ToRs are presented in the committee meeting to get approval.</li> </ul>
<b>Governance committee performance</b>	<ul style="list-style-type: none"> <li>The governance committees' performance is reviewed regularly, with the latest review conducted in March 2024.</li> </ul>	<ul style="list-style-type: none"> <li>Understanding of the annual review process for some of the secretariats is not clear.</li> </ul>
<b>Governance committee operation</b> <ul style="list-style-type: none"> <li>Terms of Reference</li> <li>Work plans</li> <li>Reporting arrangements</li> <li>Scheduling of meetings</li> <li>Use of standard templates</li> <li>Recording, distribution, monitoring and follow-up of meeting minutes and actions</li> <li>Membership and attendance</li> </ul>	<ul style="list-style-type: none"> <li>Membership for committees is adequate and is reviewed regularly to ensure the right members are selected to enable decision making.</li> <li>The induction process for the members, and secretariats is varied in maturity.</li> <li>Members have a good understanding of the committee purpose.</li> <li>The quality and volume of papers is improving over time, and needs to continually improve and evolve further to improve consistency and quality.</li> <li>The volume of meetings and time required for the members to participate is significant.</li> <li>The minutes and action tracking for the committee has improved over time. This need to further improve with coaching / training to ensure the minutes and actions are appropriately captured and tracked.</li> </ul>	<ul style="list-style-type: none"> <li>Agendas are sent out as per defined timeframes ahead of the meeting.</li> <li>Papers are received from the relevant areas generally in time.</li> <li>The secretariats work with their reporting lines (usually Executive Director level) to review the quality of papers, agenda, minutes. The Executive Director (or other) then works with the chair for review and approval.</li> <li>Governance committee meetings are usually booked a year in advance.</li> </ul>