

CITY OF WEST TORRENS



## Notice of Committee Meeting

**NOTICE IS HEREBY GIVEN** in accordance with Sections 87 and 88 of the Local Government Act 1999, that a meeting of the

### **AUDIT AND RISK PRESCRIBED GENERAL COMMITTEE**

Members: Councillor A Mangos (Presiding Member),  
Councillor J Woodward, Mr R Haslam, Ms E Moran, Mr S Spadavecchia.

of the

### **CITY OF WEST TORRENS**

will be held in the Mayor's Reception Room, Civic Centre  
165 Sir Donald Bradman Drive, Hilton

on

**TUESDAY, 9 FEBRUARY 2016**  
**at 6.00 PM**

**Terry Buss**  
**Chief Executive Officer**

#### **City of West Torrens Disclaimer**

Please note that the contents of this Committee Agenda have yet to be considered by Council and recommendations may be altered or changed by the Council in the process of making the formal Council decision.

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**1. MEETING OPENED**

**1.1 Evacuation Procedure**

**2. PRESENT**

**3. APOLOGIES**

**4. DISCLOSURE STATEMENTS**

Committee Members are required to:

1. Consider Section 73 of the *Local Government Act 1999* and determine whether they have a conflict of interest in any matter to be considered in this Agenda; and
2. Disclose these interests in accordance with the requirements of Sections 74 and 75 of the *Local Government Act 1999*.

The following disclosures of interest have been made in relation to:

| Item | Committee Member |
|------|------------------|
|------|------------------|

**5. CONFIRMATION OF MINUTES**

**RECOMMENDATION**

That the Minutes of the meeting of the Audit and Risk Committee held on 13 October 2015 be confirmed as a true and correct record.

**6. COMMUNICATIONS BY THE CHAIRPERSON**

**7. PRESENTATIONS**

Nil

## **8. OUTSTANDING REPORTS/ACTIONS**

### **8.1 Open Actions**

#### **Brief**

This report presents an update on the current status of open actions from previous meetings of the Audit and Risk Prescribed General Committee.

#### **RECOMMENDATION(S)**

It is recommended to the Audit and Risk Prescribed General Committee that it notes progress against the reported open actions.

---

#### **Introduction**

The Open Actions report is provided to each ordinary meeting of the Audit and Risk Prescribed General Committee (Committee).

#### **Discussion**

The report provides an update on the current status of open actions resulting from previous Committee meetings (**Attachment 1**). Of the five (5) outstanding actions, all were completed during the period 13 October 2015 to 31 January 2016.

#### **Conclusion**

There are zero (0) outstanding actions.

ATTACHMENT 1

|                   | Target date   | RO       | Status        |   | Meeting/s where item originally raised/reported |
|-------------------|---|----------|---------------|---|---|
|                   |   |          | Actions taken | Status  |   |
| OPEN ACTIONS      |   |          |               |   |   |
| COMPLETED ACTIONS |   |          |               |   |   |
| 1                 | <b>Self-Assessment</b><br>Self-assessment of the Committee to be undertaken each year.<br><br>Self-assessment sheets to be provided to the Committee members in Sept 2015.  | Nov 2015 | GMOS /IA      | Self-Assessment complete, summary report presented within this agenda.    | Complete<br><br>February 2013                   |
| 2                 | <b>IS Disaster Recovery</b><br>GMCR to report the regularity and results of IS Disaster Recovery testing to the Committee.  | Feb 2016 | GMCR          | Email summary sent to Committee members on 20 October 2015.               | Complete<br><br>13 Oct 2015                     |
| 3                 | <b>Financial Ratio Benchmarking</b><br>GMCR to benchmarking CWT financial ratio performance against that of other Council's.  | Feb 2016 | GMCR          | Benchmarking summary email sent to Committee members on 19 November 2015. | Complete<br><br>13 Oct 2015                     |
| 4                 | <b>Adjusted Operating Surplus Ratio</b><br>GMCR to confirm accuracy of the Adjusted Operating Surplus Ratio provided in note 15.  | Feb 2016 | GMCR          | Accuracy checked and confirmed.   | Complete<br><br>13 Oct 2015                     |
| 5                 | <b>Financial Statements</b><br>The Administration considers adding a note in the financial statements which connects the relevant high asset/income/expense/revenue comparisons year on as being caused by the sale of St Martins and the Brickworks Markets. | Feb 2016 | GMCR          | Required changes made.  | Complete<br><br>13 Oct 2015                     |

## **9. REPORTS OF CHIEF EXECUTIVE OFFICER**

### **9.1 FINANCIAL REPORTING AND SUSTAINABILITY**

#### **9.1.1 Financial Reporting**

##### **Brief**

This report lists those finance related reports that were considered by Council between 16 September 2015 and 2 February 2016.

##### **RECOMMENDATION(S)**

It is recommended to the Audit and Risk Prescribed General Committee (the Committee) that this report be received.

---

##### **Introduction**

The Audit and Risk Prescribed General Committee (the Committee) is presented with a list, at each ordinary meeting, of those finance related reports considered by Council since the Committee's last ordinary meeting. These reports and associated minutes, which are detailed below, are available on Council's website at [www.westtorrens.sa.gov.au](http://www.westtorrens.sa.gov.au).

##### **Discussion**

The following reports were considered by Council/Council Committee between 16 September 2015 and 02 February 2016.

##### **06 October 2015**

- Sale of Verge Land, Everard Ave, Keswick - U-Store It (JE Pty Ltd)

##### **20 October 2015**

- Property Leases
- Council Budget Report - Three Months to 30 September 2015
- European Wasp Subsidy Fund Termination
- Creditor Payments
- City of West Torrens Annual Report 2014-15
- Mendelson Financial Report September 2015

##### **3 November 2015**

- Settlement Achievement for the Sale of St Martins
- 2014/15 Year End Financial Statements - Mendelson Foundation
- Budget versus Actual - Year Ended 30 June 2015
- Financial Statements - Year Ended 30 June 2015
- Western Region Waste Management Authority - Financial Statements Year Ended 30 June 2015

**17 November 2015**

- Funding for Solar Lighting along the Westside Bikeway (MWN)
- Property Leases
- Budget Review - September 2015
- Register of Allowances and Benefits - 3 Months to 30 September 2015
- Elected Members' Telephones
- Council Budget Report - Four months to 31 October 2015
- Taxi Voucher Usage
- Mendelson Foundation Scholarships
- Creditor Payments

**8 December 2015**

- Property Leases
- Creditor Payments
- Form of Council Budget and Annual Business Plan 2016/17

**19 January 2016**

- Council Budget Report - Six months to 31 December 2015
- Property Leases
- Mendelson Financial Report December 2015
- Creditor Payments
- Return of Surplus Funds by the Western Region Waste Management Authority
- New Immunisation Service Fee

## 9.2 INTERNAL CONTROLS AND RISK MANAGEMENT SYSTEMS

### 9.2.1 2015-2016 Strategic Risk Mid-Year Review

#### Brief

This report presents the outcomes of the mid-year strategic risk review 2015-16.

#### RECOMMENDATION(S)

It is recommended to the Audit and Risk Prescribed General Committee that this report be received.

---

#### Introduction

At its 28 August 2012 meeting, the Audit and Risk General Committee (the Committee) recommended to Council that:

1. *The 2012 Strategic Risk review be presented to the February 2013 meeting of the Audit and Risk Committee detailing the past and next review dates of the risks contained therein.*
2. *This review be subsequently presented to the Audit and Risk Committee on a six monthly basis.*

This recommendation was approved by Council resolution at its 4 September 2012 meeting and, accordingly, this report presents the outcomes of the mid-year 2015/16 strategic risk review.

#### Discussion

The City of West Torrens (CWT) Administration Policy - Risk Management Framework provides that risk identification, risk analysis and risk evaluation occur annually and reviewed six-monthly. As a result, the Executive Management Team (EMT) continues to undertake and report on its strategic risks at six-monthly intervals. The importance of six-monthly strategic risk reviews (reviews) is acknowledged as a key control to monitor and control current, new or emerging strategic risks.

In undertaking these reviews, it has become apparent that the two scheduled reviews produce different outputs. The first review, a comprehensive review, commences in July of each year to account for end of financial year changes such as the new budget, annual reports, strategic plans and any resultant risk changes etc. The second review commences in January and is a quick update to ensure that there are no changes to the risk ratings, to improve wording/formatting etc. but rarely results in any material change to the strategic risk profile.

Consequently, the EMT approaches each of these reviews differently. The process undertaken for each review is mapped and in **(Attachment 1)**. The table below details the key differences between the July and the January reviews:

## Executive Management Team - Strategic Risk Review Process

|                | Annual Review  | Mid-Year Review  |
|----------------|--|--|
| <b>Process</b> | <ul style="list-style-type: none"> <li>• EMT Workshop/Meeting</li> <li>• Risk Team meets with risk control owners (Managers)</li> </ul>  | <ul style="list-style-type: none"> <li>• Review by Executive via email</li> </ul>  |
| <b>Output</b>  | <ul style="list-style-type: none"> <li>• Strategic Risk evidence folders updated</li> </ul>  | <ul style="list-style-type: none"> <li>• Nil</li> </ul>  |
| <b>Report</b>  | <ul style="list-style-type: none"> <li>• Comprehensive report presented to the A&amp;R Committee</li> <li>• Evidence folders updated and presented to the A&amp;R Committee</li> </ul> | <ul style="list-style-type: none"> <li>• Summary report with emphasis on material change presented to the A&amp;R Committee</li> </ul> |

## 2015-2016 Mid-Year Strategic Risk Review

The 2015-2016 mid-year strategic risk review, undertaken in accordance with the above process, has resulted in no material changes to CWT's strategic risk profile. Consequently, the strategic risk ratings remain the same as those presented to the Committee at its September 2015 meeting as follows:

| 2015-16 Strategic Risk - Residual Risk Ratings |   |                               |
|--|---|-------------------------------|
| <i><b>Risk</b></i>                             | <i><b>Likelihood/Consequence</b></i>            | <i><b>Residual Rating</b></i> |
| <b>1. The Business</b>                         | Likelihood = Unlikely<br>Consequence = Moderate | <b>Moderate</b>               |
| <b>2. Staff</b>                                | Likelihood = Unlikely<br>Consequence = Major    | <b>Moderate</b>               |
| <b>3. Serious Injury or Death</b>              | Likelihood = Rare<br>Consequence = Catastrophic | <b>Moderate</b>               |
| <b>4. The Council</b>                          | Likelihood = Unlikely<br>Consequence = Major    | <b>Moderate</b>               |
| <b>5. Decision Making</b>                      | Likelihood = Unlikely<br>Consequence = Major    | <b>Moderate</b>               |
| <b>6. Advice and Information</b>               | Likelihood = Unlikely<br>Consequence = Major    | <b>Moderate</b>               |
| <b>7. Fraud and Corruption</b>                 | Likelihood = Unlikely<br>Consequence = Major    | <b>Moderate</b>               |
| <b>8. Information Services</b>                 | Likelihood = Unlikely<br>Consequence = Moderate | <b>Moderate</b>               |
| <b>9. Service centres</b>                      | Likelihood = Unlikely<br>Consequence = Moderate | <b>Moderate</b>               |
| <b>10. Flooding</b>                            | Likelihood = Unlikely<br>Consequence = Major    | <b>Moderate</b>               |

Below details the current status of those additional actions identified during the Annual Review:

| <b>2015-2016 Strategic Risk Mid-Year Review - Actions Status</b> |   |                      |
|--|---|----------------------|
| <b>Risk</b>  | <b>Identified Actions</b>   | <b>Action Status</b> |
| <b>1. The Business</b>   | No additional actions identified  | N/A                  |
| <b>2. Staff</b>  | No additional actions identified  | N/A                  |
| <b>3. Serious Injury or Death</b>                                | No additional actions identified  | N/A                  |
| <b>4. The Council</b>  | No additional actions identified  | N/A                  |
| <b>5. Decision Making</b>  | No additional actions identified  | N/A                  |
| <b>6. Advice and Information</b>                                 | No additional actions identified  | N/A                  |
| <b>7. Fraud and Corruption</b>                                   | No additional actions identified  | N/A                  |
| <b>8. Information Services</b>                                   | No additional actions identified  | N/A                  |
| <b>9. Service Centres</b>  | Commence the Emergency Management Plan  | In progress          |
| <b>10. Flooding</b>  | <ol style="list-style-type: none"> <li>1. Continue to implement the actions/findings arising from the Brownhill and Keswick Creeks Stormwater Management Plan</li> <li>2. Continue to implement and use digital terrain mapping for the entire City</li> <li>3. Continue to develop and implement a Flood Mapping Plan</li> </ol> | On-going             |
| <b>1. Infill Development</b>                                     | Nil   | Continue to Monitor  |
| <b>2. Rate Capping</b>   | Nil   | Continue to Monitor  |

The status of the two above emerging risks remains the same.

## Conclusion

This report presents the 2015-2016 Strategic Risk Mid-Year Review. No material changes resulted from this Review.

ATTACHMENT 1



# Strategic Risk Mid-Year Review 2015/16

|                          |              |
|--------------------------|--------------|
| Annual Review Approved   | August 2015  |
| Mid-Year Review Approved | January 2016 |

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3

| Risk Issue | 1. THE BUSINESS |
|------------|-----------------|
|------------|-----------------|

|            |   |
|------------|---|
| Descriptor | Inefficient/ineffective practices that may lead to increased costs, missed opportunities and/or community dissatisfaction with Council. |
|------------|---|

|                 |                       |   |      |
|-----------------|-----------------------|---|------|
| Untreated Risk: | Likelihood: Likely    | = | High |
|                 | Consequence: Moderate |   |      |

Existing Controls

| Tangible Controls<br>(Evidence available) |  |
|---|--|
| 1.  | Continuous improvement through the Lean Thinking program - all managers to complete at least five (5) Lean Thinking projects in their departments during the 2015/16 financial year (50+ in total) |
| 2.  | Internal and External audit arrangements in situ   |
| 3.  | Monthly reports to Council and bi-monthly to committees  |
| 4.  | Policy review regime monitored and managed   |
| 5.  | Strong governance function   |
| 6.  | Adequate and well trained resources  |
| 7.  | Robust recruitment process ensures qualified staff, qualifications/ professional memberships or registration; confirmed and recorded on file   |
| 8.  | Strong, stable and experienced management team   |
| 9.  | Organisation is transparent, open and accountable to the community   |
| 10.                                       | Legislation/policies/procedures in situ  |
| 11.                                       | Plans in situ - i.e. Asset Management Plan, Risk Management Plan, 10 year Financial Plan, Strategic Plan etc.  |
| 12.                                       | Robust software systems in situ - i.e. Interplan/ECM etc   |
| 13.                                       | Elected Member body is open to new initiatives   |

|                            |              |
|----------------------------|--------------|
| Effectiveness of controls: | Satisfactory |
|----------------------------|--------------|

|                      |                       |   |          |
|----------------------|-----------------------|---|----------|
| REVISED RISK RATING: | Likelihood: Unlikely  | = | Moderate |
|                      | Consequence: Moderate |   |          |

4

|                             |  |
|-----------------------------|--|
| <b>Additional Solutions</b> | Not required   |
| <b>Role of Executive</b>    | As this is a moderate risk, monitor and review six monthly |
|                             |  |

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# EVIDENCE SUPPORTING TANGIBLE CONTROLS

## RISK 1 - The Business:

| Control  | Evidence  | Doc Set ID or Webpage  |
|--|---|--|
| 1. Continuous improvement through the Lean Thinking program - all managers to complete at least five (5) Lean Thinking projects in their departments during the 2015/16 financial year (50+ in total). | a. Lean Progress Report   | a. 2051480   |
| 2. Internal and External audit arrangements in situ  | a. 2015-2018 Internal Audit Plan<br>b. BDO Audit 2014/15 Annual Audit Plan  | a. 2982417<br>b. 3014091   |
| 3. Monthly reports to Council and bi-monthly to committees   | a. Agendas and Minutes available on website.  | a. <a href="#">Council agendas and minutes on webpage</a>  |
| 4. Policy review regime monitored and managed  | a. Policy Review Schedule 2014-2015.  | a. 2264018   |
| 5. Strong governance function  | a. Comprises 4 FTE including Team Leader, Governance and Business Improvement (law degree), Procurement Policy Officer. General Manager has 10+ years' experience in governance<br>b. Personnel files<br>c. Reports presented to Council/Governance/Audit and Risk and Corporate Planning, Policy and Performance Committees. | a. <a href="#">Organisation chart on intranet</a><br>b. Information on file (accessible by Exec) but confidential<br>c. <a href="#">Council agendas and minutes on webpage</a> |
| 6. Adequate and well trained resources   | a. Staff Learning and Development Plans<br>b. Performance Development Guidelines<br>c. Training certificates registered in personnel files  | a. 1181260<br>b. 2225982 <a href="#">PDP guidelines on intranet</a><br>c. Access restricted but evidence confirmed   |
| 7. Robust recruitment process ensures qualified staff, qualifications/ professional memberships or registration; confirmed and recorded on file  | a. HR Recruitment Tool Box available on the intranet which encompasses all relevant recruitment information including FAQs, policies, templates, forms,   | a. <a href="#">HR recruitment toolbox on the intranet</a>  |

|   |   |  |
|---|---|--|
|   | <p>letters etc</p> <p>b. Internal audit undertaken of recruitment process - good level of compliance and presented to February 2013 meeting of the Audit and Risk Committee.</p>  | <p>b. <a href="#">1875107</a></p>  |
| 8. Strong, stable and experienced management team                     | <p>a. All managers accredited in risk management.</p> <p>b. All managers have tertiary qualifications and experience.</p> <p>c. All managers have to present on leadership at Manager's Forum (held monthly).</p> <p>d. Executive meets weekly</p> <p>e. Managers WHS and Risk monthly meetings</p> <p>f. Executive management team has comprised the same members for over 8 years</p> | <p>a. Certificates confirmed in personnel files/ECM</p> <p>b. Personnel files</p> <p>c. 3018857</p> <p>d. 3096325</p> <p>e. 2305670</p> <p>f. Personnel files/reports to Council/Annual Reports/ Organisational Chart</p>  |
| 9. Organisation is transparent, open and accountable to the community | <p>a. Public Consultation Policy.</p> <p>b. Annual Report Confidential Items 2014-2015 Item 11.4 Governance Standing Committee adopted by Council at its 4 August 2015 Ordinary meeting.</p> <p>c. Whistleblower process available for staff and public to report alleged wrong-doings</p>  | <p>a. 2989134<br/><a href="#">Public consultation policy on website</a></p> <p>b. 3013788<br/><a href="#">Confidential Items Annual Report (report and minutes of Council meeting August 2015)</a></p> <p>c. <a href="#">Whistleblowers Administration Policy on CWT Website</a></p> |
| 10. Legislation/policies/procedures in situ                           | <p>a. Council policies available the CWT website and intranet</p> <p>b. Administration policies available on Compass</p>  | <p>a. <a href="#">Council policies page on website</a><br/><br/><a href="#">Council policies on the intranet</a></p> <p>b. <a href="#">All administration policies available on the intranet</a></p>   |

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|   |   |   |
|---|---|---|
|   | <p>c. Council policies presented to each meeting of the CPPP for review and recommendation to Council</p> <p>d. Administration policies provided to Executive for review and approval. (Draft Elected Members Gifts Benefits and Hospitality Policy - Draft Review by PK 21 May 2015.doc)</p> <p>e. Policy review schedule approved and presented to the CPPP</p> | <p>c. <a href="#">Agenda of September 2015 CPPPP Committee</a></p> <p>d. 3006907</p> <p>e. 2221754 <a href="#">Policy schedule contained in CPPPP agenda October 2014</a></p> |
| 11. Plans in situ - i.e. Asset Management Plan, Risk Management Plan, 10 year Financial Plan, Community Plan etc. | <p>a. City of West Torrens Asset Management Plan- Footpaths</p> <p>b. City of West Torrens Asset Management Plan- Roads Infrastructure.</p> <p>c. City of West Torrens 10 year Financial Plan</p> <p>d. Towards 2025 Community Plan</p> <p>e. Internal Audit Plan 2015-2018</p> <p>f. Adopted Budget and Annual Business Plan 2015-2016</p>                       | <p>a. 1896482</p> <p>b. 1896484</p> <p>c. 1256966</p> <p>d. 2233775 <a href="#">Community Plan on website</a></p> <p>e. 2982417</p> <p>f. 3071483</p>                         |
| 12. Robust software systems in situ - i.e. Interplan/ECM etc  | <p>a. Software systems in place i.e. ECM, Interplan, Desktop, etc.</p> <p>b. Advent ManageR Relian Sys for delegations software Quotation.</p>  | <p>a.3099643</p> <p>b. 3096686</p>  |
| 13. Elected Member body is open to new initiatives.   | <p>a. Sale of St Martins</p> <p>b. Thebarton Community Centre</p> <p>c. Sale of Brickworks</p> <p>d. Weigall Oval masterplan</p>  | <p>a. 2991068</p> <p>b.1149755</p> <p>c.1451887</p> <p>d.1739683</p>  |

|                   |                 |
|-------------------|-----------------|
| <b>Risk Issue</b> | <b>2. STAFF</b> |
|-------------------|-----------------|

|                   |   |
|-------------------|---|
| <b>Descriptor</b> | <p>a) Inadequate management of staff leading to a reduced overall performance of the organisation.</p> <p>b) Inability to attract or retain appropriately skilled staff leading to a loss of corporate knowledge and reduced organisational capability and capacity. to achieve effective service delivery.</p> <p>c) Failure to plan and implement strategies to address the impact of an ageing workforce</p> |
|-------------------|---|

|                        |  |          |                |
|------------------------|--|----------|----------------|
| <b>Untreated Risk:</b> | <b>Likelihood: Likely</b><br><b>Consequence: Major</b> | <b>=</b> | <b>Extreme</b> |
|------------------------|--|----------|----------------|

**Existing Controls**

| <b>Tangible Controls (Evidence available)</b> |   |
|---|---|
| 1.  | Annual <i>Performance Development Plans</i> are implemented resulting in individual training plans.   |
| 2.  | Professional development programs in place e.g. LGMA Professionals and Emerging Leaders Programs, LGMA Challenge etc.   |
| 3.  | All managers have undertaken formalised leadership training   |
| 4.  | Some traineeships/cadetships/work experience in place   |
| 5.  | Monthly reports provided to Executive on vacancies and overdue leave  |
| 6.  | Cultural Change and Development Program (FITCOR) in situ  |
| 7.  | Priority given to internal appointments where appropriate   |
| 8.  | Policies and procedures in place i.e. training and development  |
| 9.  | Retention strategies are in situ and conditions of employment and remuneration are attractive i.e. induction process, salary sacrifice arrangements, healthy lifestyle allowance, 48/52 arrangements, pathway to retirement program, EAs. |
| 10.   | Managers' remuneration is packaged  |
| 11.   | Recruitment is undertaken via various media   |
| 12.   | Continuous improvement through LEAN thinking implemented  |
| 13.   | Classification review completed for LGE Award employees   |
| 14.   | Recruitment and selection audit completed with a finding of a good level of compliance  |
| 15.   | Conditions of employment and remuneration are attractive  |
| 16.   | 64% of employees are under 50 with 26% under the age of 35  |
| 17.   | All departments have commenced documenting their processes via Lean/continuous improvement projects   |

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|  |
|--|
| <b>Intangible Controls (No evidence available but known to be in place)</b>    |
| 1. Organisation taps into professional networks as part of recruitment process |

|                                   |              |
|-----------------------------------|--------------|
| <b>Effectiveness of controls:</b> | Satisfactory |
|-----------------------------------|--------------|

| Risk | Likelihood | Consequence | = | Revised Risk Rating |
|------|------------|-------------|---|---------------------|
| a)   | Unlikely   | Major       |   | Moderate            |
| b)   | Unlikely   | Major       |   | Moderate            |
| c)   | Unlikely   | Major       |   | Moderate            |

|   |                      |   |                 |
|---|----------------------|---|-----------------|
| <b>OVERALL<br/>REVISED<br/>RISK<br/>RATING:</b> | Likelihood: Unlikely | = | <b>Moderate</b> |
|   | Consequence: Major   |   |                 |

|                             |     |
|-----------------------------|-----|
| <b>Additional solutions</b> | Nil |
|-----------------------------|-----|

|                          |   |
|--------------------------|---|
| <b>Role of Executive</b> | As these risks are moderate risks, monitor and review six monthly |
|--------------------------|---|

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**RISK 2 - Staff**  
**EVIDENCE SUPPORTING TANGIBLE CONTROLS**

| Control  | Evidence  | Doc Set Id/Webpage   |
|--|---|--|
| 1. Annual <i>Performance Development Plans</i> are implemented resulting in individual training plans      | a. Performance Development Program  | a. 2225981<br>PDP guidelines and templates on intranet   |
| 2. Professional development programs in place e.g. Training and Development Policy Study Assistance Policy | a. Study Assistance Policy<br>b. Training and Development Policy  | a. 1094062<br>b. 1181260<br><br>a&b <a href="#">Admin policies on intranet</a>   |
| 3. Managers and staff have undertaken formalised leadership training                                       | a. Proteus Launchpad Leadership training provided in 2010.  | a. Certificates available in confidential personnel files.   |
| 4. Some traineeships/cadetships /work experience in place  | a. Compliance trainee currently being engaged via Maxima.<br>b. Training and Development Policy   | a.3093295<br>b. 1181260<br><a href="#">Training and Development Policy on Intranet</a>   |
| 5. Monthly reports provided to Executive on vacancies and overdue leave                                    | a. April 2015 Vacancy and Outstanding leave Report.   | a. 3098793   |
| 6. Cultural Change and Development Program (FITCOR)  | a. Page on the intranet.<br><br>b. Job descriptions<br><br>c. FITCOR committee Minutes<br><br>d. FITCOR on website under employment and volunteering information page | a. <a href="http://compass.wtcc.sa.gov.au/Content-areas/Human-Resources/FITCOR">http://compass.wtcc.sa.gov.au/Content-areas/Human-Resources/FITCOR</a><br><br>b. 2188013<br><br>c. 1559794<br><br>d. <a href="#">employment and volunteering page on website displaying FITCOR</a> |
| 7. Priority given to internal appointments if appropriate  | a. City of West Torrens Administration Policy - Recruitment and Selection.<br><br>b. Policy is available on the intranet  | a. 399442<br><br>b. <a href="#">recruitment and selection policy on intranet</a>   |
| 8. Policies and procedures in place i.e. training and development  | a. Managing Performance Misconduct and Inappropriate Behaviour Policy   | a. 3055162<br><a href="#">Managing Performance Misconduct and Inappropriate Behaviour Policy on intranet</a>   |

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|---|---|--|
|   | <p>b. Salary Sacrifice Policy</p> <p>c. Training and Development Policy.</p> <p>d. Code of Conduct for Council Employees.</p>   | <p>b. 1265421<br/><a href="#">Salary Sacrifice Administration Policy on intranet</a></p> <p>c.1181260<br/><a href="#">Training and Development Policy on Intranet</a></p> <p>d. 2132464<br/><a href="#">Code of Conduct for Council Employees on intranet</a></p>  |
| 9. Retention strategies in place i.e. induction process, EAs in place | <p>a. EBAs available in Dataworks</p> <p>b. Induction New Employee Checklist</p> <p>c. Probationary Period Checklist.</p>   | <p>a.2326708</p> <p>b.1228134<br/><a href="#">Induction New Employees on intranet</a></p> <p>c.583197<br/><a href="#">Probationary Period Checklist on intranet</a></p>  |
| 10. Managers' remuneration package                                    | <p>a. Salary Register publically available.</p>   | <p>a. Publically available via Customer Service Kiosk<br/>a. <a href="#">Salary Register 2015</a></p>  |
| 11. Recruitment is undertaken via various media                       | <p>a. Vacancies placed on Website</p> <p>b. Seek</p> <p>c. Local Government Directory, Universities etc.</p> <p>d. Recruitment Toolbox</p> <p>e. Managers Recruitment Checklist</p> <p>f. Recruitment and Selection Policy</p>            | <p>a. <a href="#">Vacancies Page on the CWT Internet</a></p> <p>b. <a href="#">Seek website</a></p> <p>c. <a href="#">Careers in Council Local Government Association website</a></p> <p>d. <a href="#">Recruitment Toolbox on CWT intranet</a></p> <p>e. 1187522<br/><a href="#">Managers Recruitment Checklist on intranet</a></p> <p>f. 399442<br/><a href="#">recruitment and selection policy on intranet</a></p> |
| 12. Continuous improvement through LEAN thinking implemented          | <p>a. Past LEAN Projects - Truss project, Gnarly Project, Library Project, Depot projects completed.</p> <p>b. Manager training completed.</p> <p>c. Facilitators training planned for March 2015.</p> <p>d. Pos End Project The Baby</p> | <p>a. <a href="#">Lean-Thinking page on intranet</a></p> <p>b. 2225560</p> <p>c. 2977968</p> <p>d. 3097144</p>   |

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|   |   |  |
|---|---|--|
|   | Sitter Club<br>e. LEAN Project Register   | e. 2051480   |
| 13. Classification review completed for LGE Award employees   | a. Consultant and AWU currently engaged in this process.<br><br>b. Local Government Employees Enterprise Agreement 2014   | a. 1794669<br><br>b. 2326708   |
| 14. Recruitment and selection audit completed with a finding of a good level of compliance              | a. Recruitment, Selection, Induction and Probation Process - Final Internal Audit Report.   | a. 1932900   |
| 15. Conditions of employment and remuneration are attractive  | a. RDO's, Healthy Lifestyle incentives, Flexible leave arrangements.  | a. <a href="#">Conditions of employment page on website</a>  |
| 16. Over 64% of employees are under the age of 50 and 26% under 35                                      | a. Ageing Workforce Report  | a. 3087728   |
| 17. All departments have commenced documenting their processes via Lean/continuous improvement projects | a. Past LEAN Projects - Truss project, Gnarly Project, Library Project, Depot projects completed.<br>b. Managers training completed<br>c. Facilitators training March 2015<br>d. Pos End Project The Baby Sitter Club<br>e. Lean Project Register | a. <a href="#">Lean-Thinking page on intranet.</a><br><br>b. 2225560<br>c. 2977968<br><br>d. 3097144<br><br>e. 2051480 |

|                   |                                   |
|-------------------|-----------------------------------|
| <b>Risk Issue</b> | <b>3. SERIOUS INJURY OR DEATH</b> |
|-------------------|-----------------------------------|

|                   |   |
|-------------------|---|
| <b>Descriptor</b> | An act or omission by Council (or its contractors) that contributes to the serious injury or death of an employee, contractor, visitor, client of a service, or member of the public. |
|-------------------|---|

|                        |                                  |          |             |
|------------------------|----------------------------------|----------|-------------|
| <b>Untreated Risk:</b> | <b>Likelihood:</b> Unlikely      | <b>=</b> | <b>High</b> |
|                        | <b>Consequence:</b> Catastrophic |          |             |

**Existing Controls**

| <b>Tangible Controls<br/>(Evidence available)</b> |  |
|---|--|
| 1.  | Policies, procedures and Safe Work/Operating procedures, Job Safety and Environmental Assessments in place and reviewed as required                    |
| 2.  | Safework SA investigations have indicated no negligence by CWT   |
| 3.  | Legislation is monitored via weekly Government Gazette and provided to managers for <del>and</del> implementation as required                          |
| 4.  | Policies review schedule in situ. In addition, when legislation changes, affected policies are reviewed or developed                                   |
| 5.  | Spot visits to work sites by supervisors   |
| 6.  | Internal audits, KPI audits and Workcover audits undertaken at regular intervals   |
| 7.  | Advocacy sources available for employees and members of the public   |
| 8.  | Asset Management Plans in place and being implemented  |
| 9.  | WHS and IM Plan approved and monitored   |
| 10.   | Investigation, monitoring and reporting to the management team of specific incidences  |
| 11.   | Major reports, or when there is a perceived significant issue, include risk assessment details.  |
| 12.   | Customer requests priorities and complaints are escalated to managers  |
| 13.   | Risk assessments undertaken for all major projects and new programs.   |
| 14.   | Risk training provided to all team leaders/supervisors/co-coordinators 2013 and 2015   |
| 15.   | Refresher training for managers completed in August 2013. Risk Management accreditation training undertaken by all new managers in February/March 2015 |
| 16.   | Claims trends monitored and inform maintenance schedules   |
| 17.   | Contractor Management Policy reviewed with input from key staff stakeholders and adopted in November 2014. Training being rolled out.                  |
| 18.   | Contractor management templates revised, implemented and available on the intranet   |

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|-----|--|
| 19. | WHS Calendar of Events outlines all corporate WHS training, including Emergency Evacuation |
| 20. | Trained Emergency Evacuation Personnel   |
| 21. | Regular emergency evacuation drills undertaken   |
| 22. | Executive debrief following emergency drills   |
| 23. | Risk integrated with strategic and service planning  |

|   |
|---|
| <b>Intangible Controls (No evidence available but known to be in place)</b> |
| Nil   |

|                                   |              |
|-----------------------------------|--------------|
| <b>Effectiveness of controls:</b> | Satisfactory |
|-----------------------------------|--------------|

|                                     |                           |          |                 |
|-------------------------------------|---------------------------|----------|-----------------|
| <b>REVISED<br/>RISK<br/>RATING:</b> | Likelihood: Rare          | <b>=</b> | <b>Moderate</b> |
|                                     | Consequence: Catastrophic |          |                 |

|                             |               |
|-----------------------------|---------------|
| <b>Additional Solutions</b> | Not required. |
|-----------------------------|---------------|

|                          |  |
|--------------------------|--|
| <b>Role of Executive</b> | As this is a moderate risk, monitor and review six monthly |
|--------------------------|--|

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**RISK 3 - Serious Injury or Death**  
**EVIDENCE SUPPORTING TANGIBLE CONTROLS**

| Control   | Evidence   | Doc Set Id/Webpage  |
|---|--|---|
| 1. Policies, procedures and Safe Work/Operating procedures, Job Safety and Environmental Assessments in place and reviewed as required. | <ul style="list-style-type: none"> <li>a. WHS Policies available on the intranet.</li> <li>b. Index of SOP's</li> <li>c. Policy review schedule.</li> <li>d. SWP / SOP review schedule underway.</li> <li>e. Job Safety Environment Analysis Register.</li> <li>f. Example provided of JSEA -Cooling Tower Inspections from September 2015.</li> </ul> | <ul style="list-style-type: none"> <li>a. <a href="#">WHS policies on intranet</a></li> <li>b. 1419845</li> <li>c. 2264018</li> <li>d. 2183894</li> <li>e. 3100007 Document Register printed from ECM.</li> <li>f. 3086153</li> </ul> |
| 2. Safework SA investigations have indicated no negligence by CWT   | <ul style="list-style-type: none"> <li>a. The historical outcome of three reported incidents found no negligence on the part of CWT</li> </ul>   | <ul style="list-style-type: none"> <li>a. Confidential records in ECM but confirmed by GMOS.</li> </ul>   |
| 3. Legislation is monitored via weekly Government Gazette and provided to managers for implementation as required.                      | <ul style="list-style-type: none"> <li>a. Government Gazette reports distributed to relevant managers for information.</li> <li>b. Legislative Progress Report to Council provides a monthly overview of proposed amendments and changes to legislation</li> </ul>   | <ul style="list-style-type: none"> <li>a. 3085951</li> <li>b. 3063162</li> </ul>  |
| 4. Policies review schedule in situ. In addition, when legislation changes, affected policies are reviewed or developed                 | <ul style="list-style-type: none"> <li>a. Policy review schedule.</li> <li>b. WHS and IM Performance Dashboard Report Quarter 4 2014-2015</li> </ul>   | <ul style="list-style-type: none"> <li>a. 1773907 <a href="#">CWT Corporate Planning Policy and Performance Committee Agenda 8 September 2015</a></li> <li>b. 3048269</li> </ul>  |
| 5. Spot visits to work sites Internal audits undertaken by supervisors  | <ul style="list-style-type: none"> <li>a. Part of normal day to day work – recorded and lodged into system.</li> </ul>   | <ul style="list-style-type: none"> <li>a. 3072787</li> </ul>  |
| 6. Internal Audits KPI audits and Workcover audits undertaken at regular intervals  | <ul style="list-style-type: none"> <li>a. 2015-2018 Internal Audit Plan</li> </ul>   | <ul style="list-style-type: none"> <li>a. 2982417</li> </ul>  |

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|---|--|---|
|   |  |   |
| 7. Advocacy sources   | HACC Advocacy Policy available on Compass  | a. 1971464<br><a href="#">HACC advocacy policy on intranet</a>        |
| 8. Asset Management Plans in place and being implemented.   | a. Asset Management Policy and Plan available on website.  | a. 459426<br><a href="#">Asset Management policy on website</a>       |
| 9. WHS and IM Plan approved and monitored   | a. Updated to the WHS and IM Plan 2014-2017 (reviewed Jan 2015)  | a. 2150686  |
| 10. Investigation, monitoring and reporting to the management team of specific incidences.          | a. All WHS accidents/incidents investigated. Reports to Exec and Steering Committee.<br><br>b. WHS and IM Performance Dashboard Report Quarter 4 - 2014-2015 | a. 3074953<br><br>b. 3048269  |
| 11. Major reports, or when there is a perceived significant issue, include risk assessment details. | a. Council Report Agenda template prompts risk assessment.   | a.3100706   |
| 12. Customer requests priorities are escalated to managers.   | b. As detailed in the Customer Complaints policy which is available on CWT website.  | a. 1780634<br><a href="#">Customer complaint policy on website</a>    |
| 13. Risk assessments undertaken for all major projects and new programs.                            | a. WHS KPIs Regulatory Services<br>b. City Assets Annual Service Plan  | a.3057475<br>b. 3042401   |
| 14. Risk training provided to all team leaders/supervisors/co-coordinators.                         | a. Confirmation from Tafe SA that 9 Staff members have completed Risk Management Training in 2015.   | a. 3048179  |
| 15. Refresher training for managers completed in August 2013.                                       | a. Risk Managers Refresher Training - Proposal 2013. Confirmation that training was carried out verified.  | a. Individual records confidential on personnel files but confirmed   |
| 16. Claims trends monitored and inform maintenance schedules  | a. WHS and IM Performance Dashboard Report Quarter 4 2014-2015   | a. 3048269<br><a href="#">WHS and IM dashboard report on intranet</a> |

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|---|---|--|
| 17. Contractor Management Policy reviewed with input from key staff stakeholders and adopted in November 2014. Training being rolled out. | a. Contractor Management  | a. 1234533   |
| 18. Contractor management templates revised, implemented and available on the intranet  | <p>a. Contractor Management Process available on the intranet (includes risk assessment, induction and monitoring requirements)</p> <p>b. Natural Environmental Guidelines for Works, Operations and Contractors.</p> <p>c. The Procurement process available on intranet outlines RFQ schedules, contract conditions used to evaluate suitability of suppliers</p>   | <p>a. <a href="#">Procurement page with templates and guidelines on intranet</a></p> <p>b. 2154120 <a href="#">Natural Environmental Guidelines for Works, Operations and Contractors on intranet</a></p> <p>c. <a href="#">Procurement page with templates and guidelines on intranet</a></p> |
| 19. WHS Calendar of Events outlines all corporate WHS training, including Emergency Evacuation  | a. 2015 WHS Calendar of Events  | a. 3018698   |
| 20. Trained Emergency Evacuation Personnel  | <p>a. Emergency Evacuation Exercise - Chubb Training Group City of West Torrens 2013.</p> <p>b. Training attendance record from Bob May for Chief &amp; Deputy Warden Training on 26/8/2015</p> <p>c. Training attendance record - Bob May Workplace emergency training - Chief &amp; Deputy Warden Training and Emergency Evacuation Procedures and Practical use of Portable Fire Extinguishers Training - 25/8/2015</p> <p>d. Training attendance record from Bob May for Fire Safety Training and Extinguisher Training on 25/8/2015</p> <p>e. Training attendance record</p> | <p>a. 2001316</p> <p>b.3075445</p> <p>c.3078262</p> <p>d.3075588</p> <p>e.3072357</p>  |

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|---|---|------------|
|   | for Emergency Evacuation Procedures and Practical use of Portable Fire Extinguishers Training Certificate of attendance -- 18/8/2015 and Certificates received for all attendees. |            |
| 21. Regular Emergency Evacuation Drills undertaken.     | a. Fire Drill Evacuation Observer Report City Works March 2014  | a. 2142990 |
| 22. Executive debrief following emergency drills        | a. Memo to Executive - Code Orange Emergency Evacuation 17 June 2015  | a. 3038681 |
| 23. Risk integrated with Strategic and Service Planning | a. Risk included in the Integrated Annual Planning Cycle.   | a. 3099774 |

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| Risk Issue | 4. THE COUNCIL |
|------------|----------------|
|------------|----------------|

|            |   |
|------------|---|
| Descriptor | <ul style="list-style-type: none"> <li>a) Breakdown in the effective working relationship between Elected Members.</li> <li>b) Breakdown in the effective working relationships between Elected Members and the Administration</li> <li>c) Breakdown in the effective working relationships between senior members of the Administration</li> </ul> |
|------------|---|

|                 |                    |   |         |
|-----------------|--------------------|---|---------|
| Untreated Risk: | Likelihood: Likely | = | Extreme |
|                 | Consequence: Major |   |         |

**Existing Controls**

| Tangible Controls (Evidence available)  |
|---|
| 1. Mandatory <i>Code of Conduct for Council Members</i> has been enacted and includes mandated behaviours and associated penalties for non-compliance   |
| 2. Legislation in situ  |
| 3. Elected Member Induction completed   |
| 4. Commitment to positive working relationships, demonstrated through mechanisms such as pre-briefs, EM workshops, training sessions, joint EM/Staff social events                                  |
| 5. Training provided to staff <del>have a good understanding of</del> on their roles and responsibilities   |
| 6. Commitment to good management practice   |
| 7. Effective and regular formal and informal communication between the CEO and Mayor  |
| 8. Effective information provision  |
| 9. Whistleblower processes in place   |
| 10. Mandatory Code of Conduct for Employees documents and stipulates the values, behaviours and conduct expected of staff.  |
| 11. Strategic direction documented and clearly articulated  |
| 12. Ombudsman Act and Independent Commissioner Against Corruption Act provides for simpler reporting processes and greater investigation into misconduct  |
| 13. On-site training made available to Elected Members which met the majority of the mandatory training requirements including Code of Conduct requirements and included roles and responsibilities |
| 14. On-line mandatory training modules made available by the LGA to all Elected Members which includes roles and responsibilities   |

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| Intangible Controls (No evidence available but known to be in place) |   |
|--|---|
| 1.   | Effective and regular formal and informal communication between the CEO and Mayor |

| Risk | Likelihood | Consequence | = | Revised Risk Rating |
|------|------------|-------------|---|---------------------|
| 4a   | Unlikely   | Major       |   | Moderate            |
| 4b   | Unlikely   | Major       |   | Moderate            |
| 4c   | Unlikely   | Major       |   | Moderate            |

|                                       |                      |              |   |          |
|---------------------------------------|----------------------|--------------|---|----------|
| Effectiveness of controls             |                      | Satisfactory |   |          |
| OVERALL<br>REVISED<br>RISK<br>RATING: | Likelihood: Unlikely |              | = | Moderate |
|                                       | Consequence: Major   |              |   |          |

|                      |     |
|----------------------|-----|
| Additional Solutions | Nil |
|----------------------|-----|

|                   |  |
|-------------------|--|
| Role of Executive | As this is a moderate risk, monitor the actions and review six monthly |
|-------------------|--|

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**RISK 4 - The Council**  
**EVIDENCE SUPPORTING TANGIBLE CONTROLS**

| Control  | Evidence   | Doc Set Id/Webpage   |
|--|--|--|
| 1. Mandatory Code of Conduct for Council Members has been enacted and includes mandated behaviours and associated penalties for non-compliance                     | a. The Code of Conduct for Council Members is available on the SA legislation webpage and Council's website  | a. 2132493,<br><a href="http://www.legislation.sa.gov.au">www.legislation.sa.gov.au</a> and<br><a href="#">Code of Conduct for Council Members on website</a>      |
| 2. Legislation in situ   | a. Local Government Act 1999<br><br>b. Development Act 1993<br><br>c. Legislation Covering your work page on the intranet  | a.<br><a href="#">Local Government Act on web</a><br><br>b.<br><a href="#">Development Act on web</a><br><br>c.<br><a href="#">Page on intranet re legislation</a> |
| 3. Elected Member Induction completed  | a. Good Governance Training was provided to Elected Members on 3 December 2014   | a. 2307689   |
| 4. Commitment to positive working relationships, demonstrated through mechanisms such as pre-briefs, EM workshops, training sessions, joint EM/Staff social events | a. Elected Member Strategic Planning Event Survey  | a. 2316314   |
| 5. Training provided to staff on their roles and responsibilities  | a. Induction sessions are provided to all new staff every month. Sessions address working relationships with the elected body  | a. 3063053   |
| 6. Commitment to good management practice  | a. Potential leaders currently participating in LGPro Challenge.<br>b. 2 potential leaders participate in LGPro leadership training each year.<br>c. One manager per month | a. 2278326<br><br>b. 2109971<br><br>c. 3018858   |

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|---|---|--|
|   | <p>provides a leadership learning session to the Managers Forum.</p> <p>d. Study Assistance Program.</p> <p>e. LEAN Facilitation Guide</p>  | <p>d. 1094062</p> <p>e. 3022589</p>  |
| 7. Effective communication processes in situ between Elected Members and the management team which is open, transparent, accessible and accountable | <p>a. EM briefings held fortnightly before every Council meeting – not decision making.</p> <p>b. Agenda Regional EM Workshop</p> <p>c. Elected Members Planning Day agenda 2015</p>  | <p>a. 3043293</p> <p>b. 3061878</p> <p>c. 2970326</p>  |
| 8. Effective information provision  | <p>a. Survey undertaken recently with Elected Members to determine their preferred communication/information provision mode.</p> <p>b. Information provided efficiently in various electronic mediums i.e. Dropbox, iPad, iPhones, extranet, email etc.</p> <p>c. Pre-briefs and workshops</p> <p>d. An Elected Member Strategic Planning Event Survey was distributed to EM on 23 January 2015</p> | <p>a. 2316314</p> <p>b. 3043518</p> <p>c. 3073392</p> <p>d. 2316314</p>  |
| 9. Whistleblower processes in place   | <p>a. Policy reviewed Feb 2013 and available on compass.</p> <p>b. Separate/private email account accessed only by responsible officer is available for lodgment of whistleblowers complaints</p>   | <p>a. 479795<br/><a href="#">Whistleblower policy on website</a></p> <p>b. document not available but email address verified by GMOS and tested with response from responsible officer, via his iPhone as he was off site, within minutes of email<br/><a href="mailto:wccwhistleblowers@gmail.com">wccwhistleblowers@gmail.com</a>)</p> |
| 10. Mandatory Code of Conduct for Employees documents and stipulates the values, behaviours and conduct expected of staff                           | <p>a. Code of Conduct for Council Employees available in hard copy, on State Govt legislation website and Council's webpage and the intranet</p>  | <p>a. 2132464<br/><a href="http://www.legislation.sa.gov.au">/www.legislation.sa.gov.au</a></p> <p>*<br/><a href="#">Employee code of conduct on intranet</a><br/><a href="#">Code of conduct booklet format available on intranet</a></p>   |

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|--|--|--|
| 11. Strategic direction documented and clearly articulated   | <ul style="list-style-type: none"> <li>a. Towards 2025 Community Plan</li> <li>b. Strategic Directions Report</li> <li>c. Annual Service Plan- City Works 2015/16</li> </ul>   | <ul style="list-style-type: none"> <li>a. 2233775</li> <li>b. 2227205</li> <li>c. 3042422</li> </ul>   |
| 12. Ombudsman Act and Independent Commissioner Against Corruption Act provides for simpler reporting greater investigation into misconduct   | <ul style="list-style-type: none"> <li>a. Reporting and Investigating Council Member Code of Conduct Complaints Policy is available of Council's website</li> <li>b. Legislation available on State Govt legislation webpage</li> <li>c. ICAC Directions and Guidelines.</li> <li>d. Ombudsman SA Website</li> </ul> | <ul style="list-style-type: none"> <li>a. 2236607<br/><a href="#">CWT Reporting and Investigating Council Member Code of Conduct Complaints from website</a></li> <li>b. <a href="http://legislation.sa.gov.au">legislation.sa.gov.au</a></li> <li>c. <a href="#">ICAC Directions and Guidelines</a></li> <li>d. <a href="#">Ombudsman SA website</a></li> </ul> |
| 13. Onsite training made available to Elected Members which met the majority of the mandatory training requirements including Code of Conduct requirements which includes roles and responsibilities | <ul style="list-style-type: none"> <li>a. Financial Management Mandatory Training provided by John Comrie to Elected Members.</li> <li>b. Mandatory training register Financial Reporting and Management 2015</li> </ul>   | <ul style="list-style-type: none"> <li>a. 2982595</li> <li>b. 2979499</li> </ul>   |
| 14. On-line mandatory training modules made available by the LGA to all Elected Members  | <ul style="list-style-type: none"> <li>a. Email from GMOS to all Elected Members</li> <li>b. LGA website</li> </ul>  | <ul style="list-style-type: none"> <li>a. 3078148</li> <li>b. <a href="http://www.mylearning.lga.sa.gov.au">www.mylearning.lga.sa.gov.au</a> and <a href="http://www.lga.sa.gov.au">www.lga.sa.gov.au</a></li> </ul>   |

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| Risk Issue | 5. DECISION MAKING |
|------------|--------------------|
|------------|--------------------|

|            |  |
|------------|--|
| Descriptor | <p>a) Decisions made by Council that reverse or change direction from approved or established plans without considering the impacts on service delivery or reputation or decisions that are based on political expediency.</p> <p>b) Decisions made by the Administration that reverse or change direction from approved or established plans without considering the impacts on service delivery or reputation or decisions that are based on political expediency.</p> |
|------------|--|

|                 |                       |   |      |
|-----------------|-----------------------|---|------|
| Untreated Risk: | Likelihood: Likely    | = | High |
|                 | Consequence: Moderate |   |      |

**Existing Controls**

**Tangible Controls (Evidence available)**

|     |  |
|-----|--|
| 1.  | Policy review regime monitored quarterly by the Executive  |
| 2.  | Audit arrangements in place (external and internal)  |
| 3.  | Strong governance and risk function  |
| 4.  | Robust recruitment process ensures qualified staff i.e. qualifications checked and references sought for preferred applicants to ensure the required competence of staff to make effective decisions and recorded on file. |
| 5.  | All reports to Council specify legislative requirements, policies or practices that apply or situations where a decision may be 'ultra-vires'.   |
| 6.  | Elected Member body is open to new initiatives   |
| 7.  | Strong, stable and experienced executive management team   |
| 8.  | Transparent, open and accountable to the community   |
| 9.  | Legislation and policies in situ   |
| 10. | Plans in situ - i.e. Asset Management, Risk, Financial and Strategic Plans   |
| 11. | Robust software systems in situ - e.g. Interplan   |
| 12. | CEO receives and delegates powers to make decisions  |

**Intangible Controls (No evidence available but known to be in place)**

|    |  |
|----|--|
| 1. | Adequate and well trained resources provided |
|----|--|

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| Risk | Likelihood | Consequence | = | Revised Risk Rating |
|------|------------|-------------|---|---------------------|
| 5a   | Unlikely   | Major       |   | Moderate            |
| 5b   | Unlikely   | Moderate    |   | Moderate            |

|                            |              |
|----------------------------|--------------|
| Effectiveness of controls: | Satisfactory |
|----------------------------|--------------|

|                                       |                       |   |          |
|---------------------------------------|-----------------------|---|----------|
| OVERALL<br>REVISED<br>RISK<br>RATING: | Likelihood: Unlikely  | = | Moderate |
|                                       | Consequence: Moderate |   |          |

|                      |              |
|----------------------|--------------|
| Additional Solutions | Not required |
|----------------------|--------------|

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| Role of Executive | As this is a moderate risk, monitor and review six monthly |
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**RISK 5 - Decision Making**  
**EVIDENCE SUPPORTING TANGIBLE CONTROLS**

| Control   | Evidence  | Doc Set Id/Webpage   |
|---|---|--|
| 1. Policy review regime monitored quarterly by the Executive. | a. Policy schedule in place.  | a. 2995906   |
| 2. Audit arrangements in place (external and internal).       | a. BDO External Audit Plan<br>b. Galpins engaged to undertake internal audit.<br>c. Internal Audit Plan 2015-2018 was approved April 2015 -Outlining co-sourced approach to Internal Audit.   | a. 3014091<br>b. 2982174<br>c. 2981263   |
| 3. Strong governance and risk function.                       | a. Comprises 4.5 FTE including Team leader, Governance and Business Improvement (law degree), Senior Governance and Risk Officer<br><br>b. Senior Strategic Procurement Officer and Program Leader Internal Audit and Risk<br><br>c. General Manager has 10+ governance experiences across two SA councils. Evidence of position from previous council.<br><br>d. All managers are accredited in risk management.<br><br>e. A number Team leaders and staff trained in risk management in 2015<br><br>f. Enterprise Risk Management policy reviewed and approved in May 2015, available on Council's webpage.<br><br>g. Risk Management Framework approved and available on Intranet.<br><br>h. Good levels of compliance and controls of risk reviews. | a. 1748015<br><br>b. 1748015 pg 30<br><br>c. 1748015 pg 1 & 30<br>3099673<br><br>d. 1130328<br><br>e. 3048179<br><br>f. 306044<br><a href="#">CWT Enterprise Risk Management Policy from Councils website</a><br><a href="#">CWT Council and Standing Committee Minutes 19 May 2015</a><br><br>g. 1127259<br><a href="#">CWT Risk Management Framework from Councils website.</a><br><br>h.2982174 |

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|   | Galpins CWT Risk Management Controls Verification Internal Audit Report.  | i.2216429   |
| 4. Robust recruitment process ensures qualified staff i.e. qualifications checked and references sought for preferred applicants to ensure the required competence of staff to make effective decisions and recorded on file. | <p>a. Recruitment toolbox available on Compass which steps out the process for recruitment.</p> <p>b. Recruitment and selection internal audit completed and presented to Audit and Risk Committee in February 2013</p>   | <p>a. <a href="#">Vacancies and recruitment toolbox on intranet</a></p> <p>b. 1875107</p> <p><a href="#">February 2013 Audit and Risk Committee Agenda</a></p>                |
| 5. All reports to Council specify legislative requirements, policies or practices that apply or situation where a decision may be 'ultra-vires'   | a. Revocation of Community Land Classification - Thebarton Report to Council  | a. 2092804  |
| 6. Elected Member body is open to new initiatives.  | <p>a. Sale of St Martins</p> <p>b. Thebarton Community Centre</p> <p>c. Sale of Brickworks</p> <p>d. Weigall Oval masterplan</p>  | <p>a. 2991068</p> <p>b. 1149755</p> <p>c. 1451887</p> <p>d. 1739683</p>   |
| 7. Strong stable and experienced executive management team.   | <p>a. Executive team all holds tertiary qualifications.</p> <p>b. Executive team has extensive management/executive experience.</p> <p>c. Executive team composition has not changed since 2008 as evidenced via annual reports on website</p>                              | <p>a. Information verified but not public information</p> <p>b. Resumes verified but confidential - experience at CWT.</p> <p>c. <a href="#">Annual Report on webpage</a></p> |
| 8. Transparent, open and accountable to the community.  | <p>a. Annual Report Confidential Items 2014-2015, with Council invoking s90(3) a total of nine (9) times to discuss 1.66% of all business items presented to Council during the 2014/15 financial year.<br/>*</p> <p>b. Freedom of Information available on CWT website</p> | <p>a. 3013788</p> <p>b. <a href="#">Freedom of Information page on website</a></p>  |

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|   | c. Whistleblowers information available on website with gmail address directed only to the responsible officer   | c. <a href="#">Whistleblowers webpage</a>  |
| 9. Legislation and Policies in situ.  | a. Policy register<br>b. Legislative Progress Report to each Council meeting<br>c. Reports refer to legislative requirements when relevant<br>d. LGA Circulars<br>e. Legislative Compliance Audits         | a. 2995906<br>b. 3088583<br>c. 2002916<br>d. 2964203<br>e. 2313502   |
| 10. Plans in situ - i.e. Asset Management, Risk, Financial and Strategic Plans. | a. Towards 2025 Community Plan<br>b. Asset Management Policy reviewed in 2014<br>c. 2015-2018 Internal Audit Plan<br>d. Budget and annual business plan 2015/2016 incorporates the ten year financial plan | a. 2233775<br>b. 459426<br>c. 2982417<br>d. 3071483  |
| 11. Robust software systems in situ - e.g. Interplan.                           | a. IT Work Plan 2015/2016  | a. 3086013   |
| 12. CEO receives and delegates powers to make decisions.                        | a. Delegation Process Policy<br>b. CEO Delegations Framework (publically available)<br>c. Sub-Delegations Framework<br>d. Delegations and Register of Interests Internal Audit underway                    | a. 1223321<br>b. 3013379<br><a href="#">CEO Delegations Framework webpage</a><br>c. 3031727<br><a href="#">Sub-delegations framework on intranet</a><br>d. Audit Scope 3013085 |

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| Risk Issue | 6. ADVICE AND INFORMATION |
|------------|---------------------------|
|------------|---------------------------|

|            |   |
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| Descriptor | <p>a) Failure to provide adequate, accurate and/or timely advice that leads to poor decision making.</p> <p>b) Failure to properly secure information leading to its misuse or to breaches of privacy principles.</p> |
|------------|---|

|                 |                       |   |      |
|-----------------|-----------------------|---|------|
| Untreated Risk: | Likelihood: Likely    | = | High |
|                 | Consequence: Moderate |   |      |

**Existing Controls**

| Tangible Controls (Evidence available) |   |
|--|---|
| 1.                                     | Policies/procedures/delegations/authorisations approved   |
| 2.                                     | Legislative changes distributed as they are received by Governance  |
| 3.                                     | Government Gazettes distributed weekly by Governance  |
| 4.                                     | Recruitment process to ensure qualified staff, qualifications/ professional memberships or registration; confirmed and recorded on file   |
| 5.                                     | Referee checks undertaken and recorded  |
| 6.                                     | Police checks undertaken if required by policy/position   |
| 7.                                     | Training and training support provided  |
| 8.                                     | Supervision provided based on experience  |
| 9.                                     | Performance Development Plans   |
| 10.                                    | High level of security in place associated with information storage and retrieval   |
| 11.                                    | Audits undertaken by IMU  |
| 12.                                    | Delegations/authorisations reviewed regularly by the Council and Executive Management Team, particularly following changes to legislation |
| 13.                                    | Workforce planning project and competency assessment underway.  |

| Intangible Controls (No evidence available but known to be in place) |
|--|
| Nil  |

| Risk | Likelihood | Consequence | = | Revised Risk Rating |
|------|------------|-------------|---|---------------------|
| 6a   | Unlikely   | Moderate    | = | Moderate            |
| 6b   | Unlikely   | Moderate    | = | Moderate            |

|                            |              |
|----------------------------|--------------|
| Effectiveness of controls: | Satisfactory |
|----------------------------|--------------|

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|---------------------------------------|--|---|----------|
| OVERALL<br>REVISED<br>RISK<br>RATING: | Likelihood: Unlikely                                       | = | Moderate |
|                                       | Consequence: Moderate                                      |   |          |
| Additional Solutions                  | Not required   |   |          |
| Role of Executive                     | As this is a moderate risk, monitor and review six monthly |   |          |

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**RISK 6 - Advice and Information**  
**EVIDENCE SUPPORTING TANGIBLE CONTROLS**

| Control   | Evidence   | Doc Set Id/Webpage   |
|---|--|--|
| 1. Policies/procedures/delegations/authorisations approved.               | <p>a. Review of delegations and authorisations approved by Council in May 2015.</p> <p>b. CEO Delegations Framework</p> <p>c. Sub Delegations Framework</p> <p>d. Authorisations Register</p> <p>e. CEO Delegations Policy</p>   | <p>a. 3013379</p> <p>b. 3013379<br/><a href="#">CEO Delegations Framework</a></p> <p>c. 3031727<br/><a href="#">Sub delegations framework in intranet</a></p> <p>d.1814243</p> <p>e. 1223321<br/><a href="#">Delegations Policy CWT intranet</a></p>   |
| 2. Legislative changes are distributed as they are received by Governance | <p>a. Monthly legislative update reports provided to the Governance Committee.</p> <p>b. Updated Acts provided to Ems in hard copy/Dropbox or via email notification dependent on their preference.</p> <p>c. Staff advised of changes via email with recommendation that the changes can be accessed via <a href="http://legislation.sa.gov.au">legislation.sa.gov.au</a> site.</p> <p>d. Legislative Reports to Council.</p> <p>e. Updated Acts that affect Council are reported to the Council.</p> | <p>a.3088583<br/>Progress Legislative Report to Meeting of Council 6 September 2015<br/><a href="#">Agenda from the Meeting of Council 6 September 2015</a></p> <p>b. 000781<br/>Email to Elected Members</p> <p>c. 3042654<br/>ECM distribution of Government Gazette</p> <p>d. 3088583<br/>Progress Legislative Report to Meeting of Council 6 September 2015<br/><a href="#">Agenda from the Meeting of Council 6 September 2015</a></p> <p>e. 3090074<br/>Planning Development and Infrastructure Bill Introduction Report.<br/><a href="#">Council and Standing Committee Agenda 6 October 2015</a></p> |

|   |   |   |
|---|---|---|
|   | <p>f. Executive is also advised by memo of changes to Acts if they affect Council.</p> <p>g. Governance distributes the Government Gazette to Managers and other staff on a weekly basis identifying updates to legislation as they affect the Council.</p> | <p>f. 2108829</p> <p>g. 3060869<br/>ECM distribution of Government Gazette</p>  |
| 3. Government Gazettes distributed weekly by Governance.  | a. Government gazette updates provided to those managers for whom the updates are relevant.   | a. 3042654<br>ECM distribution of Government Gazette  |
| 4. Recruitment process to ensure qualified staff, qualifications/ professional memberships or registration; confirmed and recorded on file. | a. Recruitment Tool Box   | a. <a href="#">Recruitment toolbox on intranet</a>  |
| 5. Referee checks undertaken and recorded.  | <p>a. Recruitment and Selection Audit – good level of compliance.</p> <p>b. Reference Check Form</p> <p>c. Recommendation Report</p> <p>d. Link to the Toolbox on Compass.</p>  | <p>a. 1932900</p> <p>b. 583200</p> <p>c. 583204</p> <p>d. <a href="#">Recruitment toolbox on intranet</a></p>   |
| 6. Police checks undertaken if required by policy/position.   | <p>a. Police Clearance Statutory Declaration Form</p> <p>b. Police Clearance Administration Policy</p>  | <p>a. 1791150</p> <p>b. 612613</p>  |
| 7. Training and training support provided.  | <p>a. Study assistance program, individual training requirements identified via PDP process.</p> <p>b. PDP Guidelines/processes</p> <p>c. Performance Development Program</p> <p>d. Study Assistance Request Form</p>                                       | <p>a. <a href="#">Study Assistance Program</a></p> <p>b. 1434186<br/><a href="#">PDP guidelines</a></p> <p>c. 1555745<br/><a href="#">PDP program</a></p> <p>d) 1107670</p> |

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|--|---|---|
| 8. Supervision provided based on experience  | a. Organisational Chart demonstrates reporting structure.   | a. 1748015<br><a href="#">CWT Organisational Chart</a>  |
| 9. Performance Development Plans   | a. PDP  | a. 1416219  |
| 10. High level of security in place associated with information storage and retrieval.   | <p>a. Workflows contained in ECM –Network access forms</p> <p>b. Workers compensation claims, industrial claims, etc.</p> <p>c. Allocation of software administration Rights.</p> | <p>a. confidential documents have secure folder status and are only able to be accessed by approved officers - GMOS verified<br/><a href="#">Network Access Removal Form</a></p> <p>b. confidential documents have secure folder status and are only able to be accessed by approved officers - GMOS verified</p> <p>c. <a href="#">Network Access Removal Form</a></p> |
| 11. Audits undertaken by IMU.  | a. ECM Subject Folder Security  | a. 174395   |
| 12. Delegations/authorisations reviewed regularly by the Council and Executive Management Team, particularly following changes to legislation. | a. CEO Delegations Process Policy   | a. 1223321  |
| 13. Workforce planning project and competency assessment underway.   | a. LGA Workforce Planning project   | a. 3011549  |

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|-------------------|--------------------------------|
| <b>Risk Issue</b> | <b>7. FRAUD AND CORRUPTION</b> |
|-------------------|--------------------------------|

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| <b>Descriptor</b> | Inadequate systems and procedures that provide opportunities for fraud or corruption by Council staff, volunteers or Elected Members. |
|-------------------|---|

|                        |                                   |          |                |
|------------------------|-----------------------------------|----------|----------------|
| <b>Untreated Risk:</b> | <b>Likelihood: Almost Certain</b> | <b>=</b> | <b>Extreme</b> |
|                        | <b>Consequence: Catastrophic</b>  |          |                |

**Existing Controls**

| <b>Tangible Controls<br/>(Evidence available)</b> |  |
|---|--|
| 1.  | Policies/procedures, controls in place i.e. Fraud and Corruption Prevention, Control, Reporting and Investigating and Whistleblowers         |
| 2.  | Internal and External Audits undertaken in accordance with plan  |
| 3.  | Implementation of ICAC and OPI with associated legislation   |
| 4.  | Confidential Whistleblowers email address for reporting purposes   |
| 5.  | Mandatory Code of Conduct for Council Members (and independent members of the Audit and Risk Committee) in situ                              |
| 6.  | Mandatory Code of Conduct for Council employees in situ  |
| 7.  | Mandatory DAP Code of Conduct in situ  |
| 8.  | Code of Conduct awareness training provided to all staff and Elected Members, staff, DAP and Audit and Risk Independent Members              |
| 9.  | Legislation (LG Act, Criminal Law Consolidation Act, ICAC Act, Ombudsman Act strengthened etc.)  |
| 10.   | Review and improve key workflow process to improve integrity   |
| 11.   | Audit and Risk Committee established   |
| 12.   | Majority of processes are open and transparent   |
| 13.   | Section 270 providing for the Internal Review of Council/Staff Decisions   |
| 14.   | Ability for stakeholders to report complaints/concerns to multiple enquiry and investigation agencies i.e. ICAC/OPI/Ombudsman/Minister/SAPOL |
| 15.   | Regular review of policies and procedures  |
| 16.   | Notification process in place for changes to legislation   |
| 17.   | Council/Committee meetings held in public  |
| 18.   | Information is made available to the community in a range of forms (i.e. budget paper,   |

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| council agenda)  |
| 19. Regular consultation with the community in line with policy and legislation  |
| 20. Governance Panel (LGA) operational   |
| 21. Regular legal compliance audits undertaken   |
| 22. Any complaint of fraud and corruption will be directed the OPI or SAPOL  |
| 23. Customer Complaints Policy in situ   |
| 24. Internal Audit of fraud and corruption prevention and control completed by contract auditors - relevant actions being implemented as appropriate   |
| 25. Internal audits undertaken across all aspects of the business and any irregularities reported  |
| 26. External Audit undertaken and reported to the Audit and Risk Committee and Council in line with legislation  |
| 27. Prudential reporting undertaken for required capital projects in accordance with legislation.  |
| 28. Strong internal controls including new Deloitte's control tracking program   |
| 29. Fraud and Corruption/ICAC/OPI/Ombudsman awareness training provided to Elected Members, independent members of DAP and Audit and Risk Committee and all purchasers across the organisation   |
| 30. Procurement Roadmap program currently being implemented to provide robust procurement processes including purchase interrogation   |
| 31. Revised Fraud Prevention, Control, Reporting and Investigating Council Policy, which includes new reporting requirements to OPI, was presented to the August 2014 Policy Planning and Performance Committee and approved by Council at its 2 September 2014 meeting. |

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|---|
| <b>Intangible Controls (No evidence available but known to be in place)</b> |
| Nil   |

|                                   |                     |
|-----------------------------------|---------------------|
| <b>Effectiveness of controls:</b> | <b>Satisfactory</b> |
|-----------------------------------|---------------------|

|                             |                       |          |                 |
|-----------------------------|-----------------------|----------|-----------------|
| <b>REVISED RISK RATING:</b> | Likelihood: Unlikely  | <b>=</b> | <b>Moderate</b> |
|                             | Consequence: Moderate |          |                 |

|                             |     |
|-----------------------------|-----|
| <b>Additional Solutions</b> | Nil |
|-----------------------------|-----|

|                          |   |
|--------------------------|---|
| <b>Role of Executive</b> | As this is a moderate risk, monitor the action items quarterly and review six monthly |
|--------------------------|---|

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**RISK 7 - Fraud and Corruption**  
**EVIDENCE SUPPORTING TANGIBLE CONTROLS**

| Control   | Evidence   | Doc Set Id/Webpage   |
|---|--|--|
| 1. Policies/procedures, controls in place i.e. Fraud and Corruption Prevention, Control, Reporting and Investigating and Whistleblowers | <ul style="list-style-type: none"> <li>a. Whistleblowers Policy</li> <li>b. Fraud and Corruption Prevention, Control Reporting and Investigation Policy</li> <li>c. Elected Members Gifts and Hospitality Register</li> </ul>  | <ul style="list-style-type: none"> <li>a. 479795</li> <li>b. 496971<br/><a href="#">Fraud and Corruption Prevention, Control Reporting and Investigation Policy corruptpolicy.doc.pdf</a></li> </ul>   |
| 2. Internal and External Audits.  | <ul style="list-style-type: none"> <li>a. Fraud and Corruption Internal Audit completed in 2012. Actions arising from the audit in progress (as per report to Committee).</li> <li>b. Internal audits undertaken in line with 2015-2015 Internal Audit Plan</li> <li>c. 2014/15 Audited financial statements presented to October 2015 meeting of the Audit and Risk Prescribed General Committee.</li> <li>d. Example audit - Local Government Act 1999 Procedures at Meetings and Access to meetings and documents Final Internal Audit Report.</li> </ul> | <ul style="list-style-type: none"> <li>a. 1825596</li> <li>b. 2982417</li> <li>c. 2262737</li> <li>d. 3049141</li> </ul>   |
| 3. Implementation of ICAC and OPI with associated legislation   | <ul style="list-style-type: none"> <li>a. Reporting and Investigation Council Member Code of Conflict Complaints</li> </ul>  | <ul style="list-style-type: none"> <li>a. 2236607</li> </ul>   |
| 4. Confidential Whistleblowers email address for reporting purposes   | <ul style="list-style-type: none"> <li>a. Whistleblowers Policy and dedicated internet page</li> </ul>   | <ul style="list-style-type: none"> <li>a. 479795<br/><a href="#">Whistleblower Policy CWT Internet</a></li> <li>b. whistleblowers gmail address tested and verified by GMOS with response within minutes from responsible officer's phone</li> </ul> |
| 5. Mandatory Code of Conduct for Council Members (and independent members of the Audit and Risk Committee) in situ                      | <ul style="list-style-type: none"> <li>a. Current Mandatory Code of Conduct for Elected Members available on website.</li> </ul>   | <ul style="list-style-type: none"> <li>a. 2132464<br/><a href="#">Code of Conduct for Council Members on website</a></li> </ul>  |

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| 6. Mandatory Code of Conduct for Council employees in situ   | <p>a. Code of Conduct for Council Employees is available on website, intranet and in hard copy booklet form which is provided to all employees.</p> <p>b. All staff are required to read, sign and return last page of Code of Conduct booklet to indicate they have read and understood the contents.</p> | <p>a. 2132464</p> <p><a href="#">Mandatory Code of Conduct for Council Employees on webpage</a></p> <p>b) All signed code of conduct signed returns are verified by Governance prior to inclusion in personnel file (confidential)</p> |
| 7. Mandatory DAP Code of Conduct in situ   | <p>a. DAP Code of Conduct is mandated via the <i>Development Act 1993</i>. Available on website.</p>   | <p>a) 2132464</p> <p><a href="#">DAP Code of Conduct</a></p> <p><a href="#">Code of Conduct for DAP and DAC Members</a></p>  |
| 8. Code of Conduct awareness training provided to all staff and Elected Members, staff, DAP and Audit and Risk Independent Members | <p>a. Audit Committee Member Induction training completed in February 2015 (powerpoint presentation from KelladyJones provided as evidence)</p>  | <p>a. 2329388</p>  |
| 9. Legislation (LG Act, Criminal Law Consolidation Act etc).   | <p>a. Legislation in place.</p>  | <p>a. <a href="#">Legislation SA Website</a></p>   |
| 10. Review and improve key workflow process to improve integrity   | <p>a. Reconstituted by Council in November 2014. Meets 5 times per annum.</p>  | <p>a. 2308754</p>  |
| 11. Audit and Risk Committee established.  | <p>a. Audit and Risk Prescribed General Committee Terms of Reference developed after 2014 General Elections</p>  | <p>a. 1862707</p> <p><a href="#">Audit and Risk Committee Terms of Reference</a></p>   |
| 12. Majority of processes are open and transparent.  | <p>a. Code of Practice Access to Meetings</p>  | <p>a. 591879</p> <p><a href="#">Code of Practice - Access to Meetings and Documents</a></p>  |
| 13. Section 270 providing for the Internal Review of Council/Staff Decisions   | <p>a. Internal review of Council Decisions Policy reviewed and approved by Council in 2012.</p>  | <p>a. 306075</p>   |
| 14. Ability for stakeholders to report complaints/concerns to Ombudsman/Minister/ SAPOL  | <p>a. Provided for in ICAC Act.</p> <p>b. Documented in Customer Complaints Policy</p>   | <p>a. 1780634</p> <p>b. 2236607</p>  |

|  |   |   |
|--|---|---|
|  | c. Reporting and Investigating Council Member Code of Conduct Complaints  | c.2236607<br><a href="#">CWT Code Reporting and investigating council member code of conduct complaints</a> |
| 15. Regular review of policies and procedures  | a. Policy Review Schedule.  | a. 2995906  |
| 16. Notification process in place for changes to legislation   | a. Distribution of Government Gazettes<br>b. Progress Legislative Report  | a. 3042654<br>a.3042619   |
| 17. Council/Committee meetings held in public  | Included in agendas and/or available on the web.  | a. <a href="#">CWT website - Agendas and Minutes page</a>   |
| 18. Information is made available to the community in a range of forms (i.e. budget paper, council agenda) | a. FOI legislation enables access to certain information by external parties.<br>b. Website, social media council agendas etc | a. <a href="#">Freedom of information page on website</a><br>b. <a href="#">CWT Website</a>                 |
| 19. Regular consultation with the community in line with policy and legislation                            | a. Brownhill- Keswick Creek consultation.<br>b. Representation review consultation.<br>c. Public Consultation Policy          | a. 2989134<br>b.1999967<br>c. 2989134<br><a href="#">Public Consultation Policy from CWT website</a>        |
| 20. Governance Panel (LGA) operational   | a. LGA mechanism.<br>b. Reporting and Investigating Council Member Code of Conduct Complaints                                 | a. <a href="#">Governance panel information on LGA website</a><br>b. 2236607                                |
| 21. Regular legal compliance audits undertaken   | a. Expiation Offences Act 1996 - in respect of parking control enforcement and Liquor Licensing Act 1997 audit reports        | a.2223448 Expiation Offences Act 1996<br>b 2223447 Liquor Licensing Act 1997                                |
| 22. Any complaint of fraud and corruption will be directed the OPI or SAPOL                                | a. Customer Complaints Policy – will be referred to OPI/ICAC for investigation now in place.                                  | a. 496971   |

|  |  |   |
|--|--|---|
| 23. Customer Complaints Policy in situ   | a. Policy approved by Council in 2012<br>Available on website.   | a. 1780634  |
| 24. Internal Audit of fraud and corruption prevention and control completed by contract auditors - relevant actions being implemented as appropriate | a. Fraud and Corruption Prevention and Control Internal Audit presented to Aug 2012 meeting of the Committee   | a. 496971   |
| 25. Internal audits undertaken across all aspects of the business and any irregularities reported  | <p>a. Fraud and Corruption Internal Audit completed in 2012. Actions arising from the audit in progress (as per report to Committee).</p> <p>b. Internal audits undertaken in line with Work Plan. 2015-2016 INTERNAL AUDIT PROGRAM UPDATE</p> <p>c. Legislated external audits undertaken – PKF attended September Committee meeting to present results.</p> <p>d. Local Government Act 1999 Procedures at Meetings and Access to meetings and documents Final Internal Audit Report.</p> | <p>a. 1825596</p> <p>b. 1738946</p> <p>c. 3047603</p> <p>d. 3049141</p> |
| 26. External Audit undertaken and reported to the Audit and Risk Committee and Council in line with legislation                                      | <p>a. Fraud and Corruption Internal Audit completed in 2012. Actions arising from the audit in progress (as per report to Committee).</p> <p>b. Internal audits undertaken in line with Work Plan. 2015-2016 INTERNAL AUDIT PROGRAM UPDATE</p> <p>c. Legislated external audits undertaken – PKF attended September Committee meeting to present results.</p> <p>d. Local Government Act 1999 Procedures at Meetings and Access to meetings and documents Final Internal Audit Report</p>  | <p>a. 1825596</p> <p>b. 1738946</p> <p>c. 3047603</p> <p>d. 3049141</p> |

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|--|---|---|
| 27. Prudential reporting undertaken for required capital projects in accordance with legislation.  | a. Prudential Report Thebarton Precinct Community Facility.   | a. 3020748                                      |
| 28. Strong internal controls including new Deloitte's control tracking program   | a. BDO audited statements 2014/15 confirms strong internal controls.<br><br>b. Risk Internal Control Verification Audit   | a. 2262737<br><br>b. 2982174                    |
| 29. Fraud and Corruption/ICAC/OPI /Ombudsman awareness training provided to Elected Members, independent members of DAP and Audit and Risk Committee and all purchasers across the organisation  | a. Fraud and Corruption Prevention Control Reporting and Investigation Policy.<br><br>b. Staff attendance at Fraud and Corruption Awareness and Prevention Sessions 23 and 24 January 2013 (85 staff members).<br><br>c. Policy reviewed – training of decision making staff undertaken in February 2013. | a. 496971<br><br>b. 1948190<br><br>c. 1948190   |
| 30. Procurement Roadmap program currently being implemented to provide robust procurement processes including purchase interrogation   | a. Procurement Roadmap Provided   | a. <a href="#">Procurement page on intranet</a> |
| 31. Revised Fraud Prevention, Control, Reporting and Investigating Council Policy, which includes new reporting requirements to OPI, was presented to the August 2014 Policy Planning and Performance Committee and approved by Council at its 2 September 2014 meeting. | a. Fraud and Corruption Prevention, Control Reporting and Investigation Policy.   | a. 496971                                       |

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| Risk Issue | 8. INFORMATION SERVICES |
|------------|-------------------------|
|------------|-------------------------|

|            |  |
|------------|--|
| Descriptor | Damage, long term interruption, or loss of key business information systems and/or the data stored within them, leading to the Council's capacity to provide essential services being severely compromised, reduced in the long term or lost entirely. |
|------------|--|

|                 |                            |   |         |
|-----------------|----------------------------|---|---------|
| Untreated Risk: | Likelihood: Almost Certain | = | Extreme |
|                 | Consequence: Major         |   |         |

Existing Controls

| Tangible Controls<br>(Evidence available) |   |
|---|---|
| 1.  | Uninterrupted Power Supply (UPS)  |
| 2.  | Virtualised backup in situ  |
| 3.  | Daily tapes back up   |
| 4.  | Employing competent staff   |
| 5.  | Adequate funding levels established with resourcing meeting organisational need |
| 6.  | Replacement and upgrade programs in situ for hardware and software              |
| 7.  | Multiple layers of security in place  |
| 8.  | Audits undertaken by specialist network security firms                          |
| 9.  | External specialist advice sought when required                                 |
| 10.                                       | Robust policies in situ for IT usage and dealing with terminated staff          |
| 11.                                       | Competitively remunerated to minimise malicious interference by staff           |
| 12.                                       | Supportive work environment provided  |
| 13.                                       | Full restore of system approximately within seven minutes                       |
| 14.                                       | IT Disaster Recovery (DR) Management Plan 2009                                  |
| 15.                                       | CWT Business Continuity Plan 2015 approved                                      |

| Intangible Controls (No evidence available but known to be in place) |
|--|
| Nil  |

|                            |              |
|----------------------------|--------------|
| Effectiveness of controls: | Satisfactory |
|----------------------------|--------------|

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|                            |                      |  |          |
|----------------------------|----------------------|--|----------|
| REVISED<br>RISK<br>RATING: | Likelihood: Unlikely | =  | Moderate |
|                            | Consequence: Major   |  |          |
| Additional Solutions       |                      | Nil  |          |
| Role of Executive          |                      | As this is a moderate risk, monitor and review six monthly |          |

**RISK 8 - Information Services**  
**EVIDENCE SUPPORTING TANGIBLE CONTROLS**

| Control   | Evidence  | Doc Set Id/Webpage  |
|---|---|---|
| 1. Uninterrupted Power Supply (UPS)                                   | <p>a. Information Services Risk Evidence update as at June 2015</p> <p>b. Annual Maintenance agreement with Computer Site Solutions.</p> <p>c. Annual maintenance reports from Computer Site Solutions re Civic &amp; Library UPS. (October 2014)</p> | <p>a. ID 3100420</p> <p>b. ID 3073491</p> <p>c. Library - 2265059<br/>Civic - 2265058</p> |
| 2. Virtualised backup in situ   | a. In July 2015 the DR equipment was removed from the Library datacentre and relocated into the Adelaide City Council's Pirie Street datacentre.  | a. ACC CWT Rack Space and Optic Fibre Connectivity Agreement May 2015: 3009287            |
| 3. Daily tapes back up  | a. Backup jobs occur every weeknight / day or once a week including Enterprise, CWT Aftermail, Dataworks, Chris 21, etc. Back up tapes are recorded in an excel register.   | a. 2181917  |
| 4. Employing competent staff  | a. All staff in IS are trained / qualified/experienced. Network - IS administrators required to complete VMware and Microsoft accredited training.  | a. Individual records confidential on personnel files but confirmed                       |
| 5. Adequate funding levels established                                | a. Funding approved based on the IS workplan and is reviewed on a quarterly basis for currency.   | a. IS Actual Budget 2015-16 ID 3054180  |
| 6. Replacement and upgrade programs in situ for hardware and software | a. Core software updated to keep the released versions within the range of supplier support products. Key business applications are typically updated annually.   | a. 3099646<br>Software Applications - Support Profile - Feb 2014.pdf                      |
| 7. Multiple layers of security in place                               | a. Proxy Server - Firewall is Threat Management Gateway.  | a. 567065   |

|  |  |   |
|--|--|---|
|  | <p>b. Evidence of the plans and execution exists in the Information Services budget and IS Work Plan documents in ECM and FinanceOne.</p> <p>c. Key performance indicators for IS service levels are identified and updated in Interplan.</p> <p>d. Logical Security Internal Audit Report</p>                             | <p>b. 3054180 Information Services Work Plan 2014/2015</p> <p>c. ID 3100435</p> <p>d. 2018645</p>   |
| 8. Audits undertaken by specialist network security firms                  | <p>a. 3 external audits in the last 6 years by CQR Consulting, including reviews of:</p> <ul style="list-style-type: none"> <li>• ICT Security.</li> <li>• Information access in Dataworks and Active Directory.</li> <li>• Virtualised architecture.</li> </ul>   | <p>a. Logical Security Internal Audit Report ID 2018645, Invoice for IT Security review 1330814</p>   |
| 9. External specialist advice sought                                       | <p>a. CQR Consulting engaged to review security of the virtual environment.</p>  | <p>a. CQR proposal - ID 1311793 Purchase Order 102313</p>   |
| 10. Robust policies in situ for IT usage and dealing with terminated staff | <p>a. Network Access and Removal form</p> <p>b. Information Technology and Its Use Policy</p> <p>c. As a double check, payroll provides IT with information on who has left WT employment as an additional check to capture when a network access change has not been submitted.</p>                                       | <p>a. <a href="#">Network Access Removal Form</a></p> <p>b. 305781</p> <p>c. Confidential information verified by GMOS</p>                          |
| 11. Competitively remunerated to minimise malicious interference by staff  | <p>a. EBA -Remuneration reflects that of Local Government.</p> <p>b. Each year roles are considered during the Performance Development Process.</p> <p>c. In 2013 the IS Application Coordinator role was reclassified including comparison to similar roles in other councils such as Charles Sturt and Holdfast Bay.</p> | <p>a. 2326708</p> <p>b. 2225982 <a href="#">PDP guidelines CWT intranet</a></p> <p>c. Information on file (accessible by Exec) but confidential</p> |

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|   |  |   |
|---|--|---|
|   | <p>d. In 2015 the Web Administrator role was reclassified based on comparison to other similar roles in Local and State Government. The following Councils provided comparative information:</p> <ul style="list-style-type: none"> <li>• Adelaide Hills Council</li> <li>• City of Burnside</li> <li>• City of Salisbury</li> <li>• City of Charles Sturt</li> <li>• City of Onkaparinga</li> </ul> | <p>d. Information on file (accessible by Exec) but confidential</p>   |
| 12. Supportive work environment provided                      | <p>a. EA, FITCOR.</p> <p>b. Good level of staff satisfaction in 2015 Employee Opinion Survey</p>   | <p>a. <a href="#">Staff survey presentation on intranet</a></p> <p>b. <a href="#">Staff survey presentation on intranet</a></p> |
| 13. Full restore of system approximately within seven minutes | <p>a. Information Management Procedures and Standards</p>  | <p>a. <a href="#">How to user guide for IM on intranet</a></p>  |
| 14. IT Disaster Recovery (DR) Management Plan                 | <p>a. IT Disaster Recovery (DR) Management Plan Dec 2009</p>   | <p>a. 1284627</p>   |
| 15. CWT Business Continuity Plan approved June 2015           | <p>a. CWT Business Continuity Plan approved June 2015</p>  | <p>a. 3033832</p>   |

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| Risk Issue | 9. SERVICE CENTRES |
|------------|--------------------|
|------------|--------------------|

|            |   |
|------------|---|
| Descriptor | Damage, long term interruption, or loss of key service centres (Civic, Depot, St Martins, Library, Thebarton Community Centre) leading to the Council's capacity to provide essential services being severely compromised, reduced in the long term or lost entirely. |
|------------|---|

|                 |                      |   |          |
|-----------------|----------------------|---|----------|
| Untreated Risk: | Likelihood: Unlikely | = | Moderate |
|                 | Consequence: Major   |   |          |

Existing Controls

| Tangible Controls<br>(Evidence available) |   |
|---|---|
| 1.  | Organisation is insured via LGRS (unlimited insurance) which includes insurance for the operation of alternative service sites in a major business disruption |
| 2.  | CWT is a member of the Western Zone Emergency Management Committee  |
| 3.  | Emergency procedures approved and in place  |
| 4.  | Evacuation drills undertaken on a regular basis with subsequent de-brief report to Executive  |
| 5.  | IS Disaster Recovery Plan documented and in place   |
| 6.  | Training program in place (fire, evacuation etc.)   |
| 7.  | EAP/Trauma counselling program in place   |
| 8.  | WHS&IM plan, policies, procedures, standard operating guidelines (non-WHS) in place   |
| 9.  | Risk management program in place  |
| 10.                                       | Sturt Emergency Risk Management Plan developed with five southern adjoining Councils identified emergencies relating to CWT                                   |
| 11.                                       | Business continuity planning <del>currently underway via LGRS</del> approved  |
| 12.                                       | Alternative sites identified for the operation of a control center in the event of a major business disruption  |
| 13.                                       | Funding provided in 2015-16 budget to develop Emergency Management Plan   |

| Intangible Controls (No evidence available but known to be in place) |
|--|
| Nil  |

|                            |              |
|----------------------------|--------------|
| Effectiveness of controls: | Satisfactory |
|----------------------------|--------------|

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|                            |                       |   |          |
|----------------------------|-----------------------|---|----------|
| REVISED<br>RISK<br>RATING: | Likelihood: Unlikely  | = | Moderate |
|                            | Consequence: Moderate |   |          |

|                      |  |
|----------------------|--|
| Additional Solutions | Commence the Emergency Management Plan |
|----------------------|--|

|                   |  |
|-------------------|--|
| Role of Executive | As this is a moderate risk, monitor and review six monthly |
|-------------------|--|

**RISK 9 - Service Centres**  
**EVIDENCE SUPPORTING TANGIBLE CONTROLS**

| Control  | Evidence  | Doc Set Id/Webpage  |
|--|---|---|
| 1. Organisation is insured via LGRS (unlimited insurance) which includes insurance for the operation of alternative service sites in a major business disruption | a. Level of insurance required reviewed annually with the LGRS  | a. 3035217<br>Local government Asset Mutual Fund and Insurance Renewals 2015/2016 - LGRS - 30 June 2015 to 30 June 2016   |
| 2. CWT is a member of the Western Zone Emergency Management Committee  | a. CWT Member of the Western Zone Emergency Management Committee  | a. 1847737  |
| 3. Emergency procedures approved and in place  | a. Emergency procedures available on intranet and in hard copy.   | a. 2239405  |
| 4. Evacuation drills undertaken on a regular basis   | a. Emergency Evacuation Drill held on 14 May 2015   | a. 3003220<br>.   |
| 5. IS Disaster Recovery Plan documented and in place   | a. IS Disaster Recovery Plan  | a. 1284627  |
| 6. Training program in place (fire, evacuation etc.)   | a. Fire Wardens trained in all facilities - last training July 2015<br><br>b. Chief Fire Wardens and Deputy trained as per Emergency Procedures last training July 2015                             | a. 3018967<br><br>b. 3043443  |
| 7. EAP/Trauma counselling program in place   | a. Information available to staff on the intranet and in a booklet form.  | a. <a href="#">Employee assistance program from intranet</a>  |
| 8. WHS&IM plan, policies, procedures, Standard Operating Guidelines in place   | a. WHS & IM One System Occupational Health Safety, Welfare, and Injury Management Plan 2014-2017.<br>b. SOPs / SWPs available on intranet<br><br>c. Administration Policy WHS and IM Planning<br>d. | a. <a href="#">WHS policies and procedures from intranet</a><br><br><a href="#">Safety Welfare and Injury Management Plan 2014-2017</a><br>b. 1365137<br><br>c. <a href="#">Administration Policy WHS and IM Planning</a> |
| 9. Risk management program in place  | a. Risk management framework and policy on  | a. <a href="#">Risk Management Framework</a>  |

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|   |  |  |
|---|--|--|
|   | Intranet.  | <a href="#">b Enterprise Risk Management Policy</a>  |
| 10. Sturt Emergency Risk Management Plan developed with five southern adjoining Councils identified emergencies relating to CWT | a. Emergency Procedures Manual- City Of West Torrens. Superseded by NERAG – being developed by the WZEMC.  | a. 2312007   |
| 11. Business continuity plan approved   | a. Approved Business Continuity Plan   | 3100347  |
| 12. Alternative sites identified for the operation of a control center in the event of a major business disruption              | <p>a. Replication of Production databases daily to the Disaster Recovery (DR) datacenter, currently based in the Library.</p> <p>b. Alternative site decisions available in the approved BCP.</p> <p>c. Multiple sites to operate service centres as follows:</p> <p>Civic Centre<br/>165 Sir Donald Bradman Drive<br/>Hilton 5033</p> <p>Hamra Centre Library<br/>1 Brooker Terrace<br/>Hilton SA 5033</p> <p>Cummins House<br/>23 Sheoak Avenue<br/>Novar Gardens 5033</p> <p>Thebarton Community Centre<br/>Cnr Ashwin Parade and South Road,<br/>Torrensville SA 5031</p> <p>Camden Community Centre<br/>7 Carlisle Street, Camden Park SA 5038.</p> | <p>a. ACC CWT Rack Space and Optic Fibre Connectivity Agreement May 2015: 3009287</p> <p>b. 3100347</p> <p>c. <a href="#">Council Website Contact Page</a></p> |
| 13. Funding provided in 2014-15 Budget to develop Emergency Management Plan   | a. Budgeted in 2015-16   | a. Small component of overall budget not specifically listed in budget documents but was verified by GMOS  |

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|                   |                     |
|-------------------|---------------------|
| <b>Risk Issue</b> | <b>10. FLOODING</b> |
|-------------------|---------------------|

|                   |   |
|-------------------|---|
| <b>Descriptor</b> | Damage to private property, council facilities and/or community infrastructure as a result catchment flood events |
|-------------------|---|

|                        |                                  |          |                 |
|------------------------|----------------------------------|----------|-----------------|
| <b>Untreated Risk:</b> | <b>Likelihood: Rare</b>          | <b>=</b> | <b>Moderate</b> |
|                        | <b>Consequence: Catastrophic</b> |          |                 |

**Existing Controls**

| <b>Tangible Controls<br/>(Evidence available)</b> |  |
|---|--|
| 1.  | Working with/through Stormwater Management Authority on Brown Hill, Keswick and Sturt Creeks |
| 2.  | Approval of the Brown Hill/Keswick Creeks Stormwater Plan Part A                             |
| 3.  | SES Emergency Management Plan  |
| 4.  | CWT Stormwater Plan  |
| 5.  | Mile End/Cowandilla Stormwater Outfall Project completed                                     |
| 6.  | Development Plan   |
| 7.  | Flood mapping and updating of the Development Plan/Development Plan amendments               |
| 8.  | Structural Mitigation works  |
| 9.  | Non-structural mitigation works e.g. Flood Safe program                                      |
| 10.   | Existing stormwater network  |
| 11.   | Regular routine maintenance  |
| 12.   | Asset Management Plan  |
| 13.   | Flood Alerts provided to Council   |
| 14.   | Remote sensor monitoring of creek levels   |
| 15.   | Section 30 Review  |
| 16.   | Bureau of Meteorology early warnings provided to Council                                     |
| 17.   | Specialised advice and designs sought  |
| 18.   | Development controlled in the Brown Hill/ Keswick Creeks and River Torrens catchments        |
| 19.   | Flood response protocol  |
| 20.   | Whole of Catchment Management Plan   |

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|     |  |
|-----|--|
| 21. | Participating in the Western Region Climate Change Adaptation Plan   |
| 22. | \$6m provided in 2015/16 budget to commence Lockleys stormwater upgrade                                      |
| 23. | Council approved Option D of Part B works under the Brownhill Keswick Creeks Stormwater Management Plan 2012 |

| Intangible Controls (No evidence available but known to be in place) |  |
|--|--|
| 1.   | Regular routine maintenance (side-entry pit) program |

|                            |              |
|----------------------------|--------------|
| Effectiveness of controls: | Satisfactory |
|----------------------------|--------------|

|                            |                           |   |          |
|----------------------------|---------------------------|---|----------|
| REVISED<br>RISK<br>RATING: | Likelihood: Rare          | = | Moderate |
|                            | Consequence: Catastrophic |   |          |

|                      |  |
|----------------------|--|
| Additional Solutions | <ol style="list-style-type: none"> <li>Continue to implement the actions/findings arising from the Brownhill and Keswick Creeks Stormwater Management Plan</li> <li>Continue to implement and use digital terrain mapping for the entire City</li> <li>Continue to develop and implement a Flood Mapping Plan</li> </ol> |
|----------------------|--|

|                   |  |
|-------------------|--|
| Role of Executive | As this is a moderate risk, monitor and review six monthly |
|-------------------|--|

**RISK 10 - Flooding**  
**EVIDENCE SUPPORTING TANGIBLE CONTROLS**

| Control   | Evidence   | Doc Set Id/Webpage  |
|---|--|---|
| 1. Working with/through Stormwater Management Authority on Brown Hill, Keswick and Sturt Creeks | <p>a. CEO is a member BHKC Steering Committee.</p> <p>b. GM Urban Services is on the BHKC Technical Group.</p> <p>c. Working closely with the SMA in relation to the development of the BHKC Plan and its implementation.</p> <p>d. Both Part A and Part B of the plan both agreed by all five councils involved in the project</p> <p>e. Annual Business Plan Summary provides that \$3.1m contributed in 2015/16 to BHKC works</p> | <p>a. 2224631<br/>Agenda from BHKC Steering Committee.</p> <p>b. 1796471<br/>Agenda from BHKC Technical Group</p> <p>c. Report to Meeting of Council 2 June 2015 titled Brown Hill Keswick Creek project Stormwater Management Authority Notice.<br/><a href="#">Council and Standing Committee Minutes 2 June 2015</a></p> <p>d. Part A approval given at Meeting of Council in ##<br/><br/>b. Part B approval given at the Meeting of Council 15 September 2015 Minutes<br/><a href="#">Meeting of Council and Standing Committee Minutes 15 September 2015</a></p> <p>e.3100151<br/>Annual Business Plan Summary</p> |
| 2. Approval of the Brown Hill/Keswick Creeks Stormwater Plan Part A                             | <p>a. Both Part A and Part B of the plan approved by all councils involved in the project</p>  | <p>a. Part A approval given at 21 August 2012 Meeting of Council<br/><a href="#">21 Aug 2012 meeting of Council minutes - approval of plan</a></p> <p>b. Part B approval given at the Meeting of Council 15 September 2015 Minutes<br/><a href="#">Meeting of Council and Standing Committee Minutes 15 September 2015</a></p>  |
| 3. SES Emergency Management Plan  | <p>a. State Emergency Management Plan</p>  | <p>a. <a href="#">State Emergency Management Plan from SA Government website.</a></p>   |
| 4. CWT Stormwater Plan  | <p>a. Development Plan West Torrens Council June 2015</p>  | <p>a. 1896486<br/><a href="#">Stormwater Management Plan</a></p>  |
| 5. Mile End/Cowandilla  | <p>a. Project completion</p>   | <p>Available in Pathway</p>   |

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|   |   |   |
|---|---|---|
| Stormwater Outfall Project completed  | documentation   |   |
| 6. Development Plan   | <p>a. Available on the website, two main defenses:</p> <ul style="list-style-type: none"> <li>Controls on new developments to minimize the impact of flooding; &amp;</li> <li>Incorporates flood mapping and is regularly updated.</li> <li>Asset Plans updated in accordance with Section 30 of Development Act - Strategic directions report</li> </ul> | <p>a. <a href="#">CWT Development Plan</a></p> <p><a href="#">Flood Prone Areas Map</a></p> <p>2222753<br/>Strategic Directions Report 2014</p> |
| 7. Flood mapping and updating of the Development Plan/Development Plan amendments | a. Suggest incorporate this control as part 3 to the Development Plan   | a. <a href="#">Flood Prone Areas Map</a>  |
| 8. Structural Mitigation works  | a. Internal audit report stormwater management confirms a good level of compliance with stormwater asset planning, management and maintenance.  | a. 2049265  |
| 9. Non-structural mitigation works e.g. Flood Safe program                        | a. SES Flood Safe program funding agreement   | a. 2216585  |
| 10. Existing stormwater network   | <p>a. existing drainage network is recorded in Conquest (Asset management software)</p> <p>b. Dehko map example of drainage network under roads (Attached)</p>  | a. 3100318<br>Dehko proxy Stormwater network evidence.  |
| 11. Regular routine maintenance   | a. City Works undertake routine maintenance via customer requests in Pathway  | a. 3100189 - Screen dump - customer requests for stormwater maintenance.  |
| 12. Asset Management Plan   | <p>a. AMP is the tool to develop sustainable management of assets it documents the strategy for sustainable investment and its purpose is to maintain functionality of existing systems</p> <p>b. Stormwater Infrastructure Asset Management Plan on the website.</p>   | <p>a. <a href="#">Asset Management Plan</a></p> <p>b. 1896486<br/><a href="#">Stormwater Infrastructure Management Plan</a></p>                 |

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|   |  |  |
|---|--|--|
| 13. Flood Alerts provided to Council  | a. Membership provides detailed flood/weather alerts provided to Council via DL email address evidenced in the BOM service level specification and flood warning correspondence.   | a. 3100183 - Flood and weather warning folder in ECM (print screen) evidencing flood warning correspondence.<br><a href="#">BOM Service Level Specification for Flood Forecasting and Warning Services</a> |
| 14. Remote sensor monitoring of creek levels  | a. Access to remote sensor data (monitoring of creek levels) evidence in BOM service level specification.  | a. <a href="#">BOM Service Level Specification for Flood Forecasting and Warning Services</a>  |
| 15. Section 30 Review   | a. Strategic Directions report   | a. 2222753<br>Strategic Directions Report 2014   |
| 16. Bureau of Meteorology early warnings provided to Council                              | a. Membership provides detailed flood/weather alerts provided to Council via DL email address; &   | a. 3100183 - Flood and weather warning folder in ECM (print screen) evidencing flood warning correspondence.   |
| 17. Specialised advice and designs sought   | a. Tonkins Engineering Services fee proposal - Shannon Ave, Stormwater Pump Station<br>b. Tonkin Engineering fee proposal - Stormwater Asset Register<br>c. Correspondence - request for quote -GAP Watson Ave Netley 'design components'.<br>d. Chippendale Stormwater Pump Station upgrade | a. 127451<br><br>b. 1156553<br><br>c. 1661398<br><br>d. 1486441  |
| 18. Development controlled in the Brown Hill/ Keswick Creeks and River Torrens catchments | a. CWT Development Plan  | a. <a href="#">CWT Development Plan</a>  |
| 19. Flood Response Protocol   | a. SWP Emergency response flooding   | a. 486958  |
| 20. Whole of Catchment Management Plan  | a. Initial Urban Stormwater Master Plan  | a. 237928  |
| 21. Participating in the Western Region Climate Change Adaptation Plan.                   | a. Western Adelaide Region Change Adaptation Plan Project Team (Governance) Structure.   | a. 3038812   |
| 22. \$6m provided in 2015/16 budget to commence Lockleys stormwater upgrade               | a. 2015/16 Annual Business Plan Summary  | a. 3100151<br>Annual Business Plan Summary 2015-16   |

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|  |   |   |
|--|---|---|
| 23. Council approved option D of part B works under the Brownhill Keswick Creeks Stormwater Management Plan 2012 | a. Minutes of the Meeting of Council 15 September 2015. | a. Part B approval given at the Meeting of Council 15 September 2015 Minutes<br><a href="#">Meeting of Council and Standing Committee Minutes 15 September 2015</a> |
|--|---|---|

## SECTION 2 - EMERGING RISKS

This section contains a series of risks that are currently emerging that may impact on Council. These risks may or may not be able to be controlled by Council at this point. Similarly, the risks may eventuate or alternatively dissipate dependent on a variety of factors which may be outside of Council's direct control but which may impact on Council. As a result risk assessment may not be possible until the risk actually eventuates.

### Emerging Risk 1 Infill Development

|       |  |
|-------|--|
| Issue | <p>The State Government has introduced the <i>Planning, Development and Infrastructure Bill</i> into Parliament which is intended to replace the <i>Development Act 1993</i> and result in amendments to the <i>Local Government Act 1999</i> and other legislation to:</p> <p>The objects of the draft Bill introduced to the State Parliament on 8 September 2015 significantly alter the framework applied to land use planning in the state, whereby the current aim of orderly land use planning is to be superseded by the primary goal of enhancing the State's prosperity through a system that enables development.</p> <p>Local impacts include:</p> <ul style="list-style-type: none"> <li>• The move to facilitate, rather than control, increased building/development opportunities in all areas across the City of West Torrens, other than in designated character areas, for economic development purposes rather than focus on proper, orderly and efficient planning and development;</li> <li>• elimination or minimisation of Council's rights to control development/building in its area</li> <li>• exclusion of Elected Members from membership of Council's development assessment panel</li> <li>• the minimization of public notification requirements and third party appeal rights associated with certain applications</li> </ul> <p>Council has limited ability to influence the proposed changes at this point, they being the result of the work of the Expert Panel on Planning Reform, which was itself, subject to a number of consultation processes that CWT participated fully in.</p> <p>That noted, it is not expected that the changes will have any financial impact on the organisation.</p> |
|-------|--|

#### Activities associated with this issue

1. The Expert Panel on Planning Reform process has 'informed' the proposed legislative changes. CWT participated in each of the three consultation/feedback processes managed by the Panel, without any discernible impact.
2. CWT and the LGA will continue to advocate changes to the Bill (Minister, Opposition and cross benches), and resulting Regulations, to retain real opportunities for the community to influence the amenity of its own local environment.

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|---|
| 3. CWT will ensure that the impact of the resulting legislation/regulation is communicated to its community, together with clear statements about the origins/responsibilities for the changes. |
|---|

## Emerging Risk 2 Rate Capping

|              |   |
|--------------|---|
| <b>Issue</b> | The Economic and Finance Committee of parliament is examining the capping of Council rates which, if introduced, could significantly constrain the City of West Torrens financially and potentially have significant impacts on service delivery. The State Government however, has indicated that it is not convinced that rate capping is a viable option |
|--------------|---|

Risk of rate capping occurring

|  | <b>Likelihood</b> | <b>Consequence</b> | <b>=</b> | <b>Untreated Risk Rating</b> |
|--|-------------------|--------------------|----------|------------------------------|
|  | Unlikely          | Major              |          | Moderate                     |

### Activities associated with this issue

- |  |
|--|
| 1. The City of West Torrens, along with many other councils, presented a submission to the Economic and Finance Committee of parliament. |
| 2. The LGA has presented a submission to the Parliamentary Committee and issued media releases.  |
| 3. The LGA is monitoring progress of the Economic and Finance Committee and is expected to lobby to protect council interests.           |
| 4. The State Government has advised the media that rate capping is not a viable option.  |

## 9.3 INTERNAL AUDIT

### 9.3.1 2015-2016 Internal Audit Program Update

#### Brief

This report presents the 2015-2016 Internal Audit Program Update.

#### RECOMMENDATION(S)

It is recommended to the Audit and Risk Prescribed General Committee that this report be received.

#### Introduction

An update report is provided to each ordinary meeting of the Audit and Risk Prescribed General Committee (the Committee) on the status of current and, if appropriate, the previous Internal Audit Program.

#### Discussion

This report summarises the status of all audits contained in the 2015-16 *Internal Audit Program* (the Program) to date as follows:

| Audit Status                           | Number |
|--|--------|
| Complete                               | 4      |
| In Progress                            | 3      |
| Due to Commence between Q3-Q4          | 7      |
| Deferred                               | 0      |
| Cancelled                              | 1      |
| Total Audits (excluding staged audits) | 15     |

The 2015/16 Internal Audit Program Report as at October 2015 is attached (**Attachment 1**).

#### **Audits Completed**

Four (4) of the 15 programmed audits, which do not include the two staged audits, have been completed since July 2015:

| No. | Audit Description  | Meeting Presented |
|-----|--|-------------------|
| 1.  | Roads (Opening and Closing Act) 1991.  | August 2015       |
| 2.  | Local Government Act 1999 - Procedures at Meetings and Access to Meetings and Documents. | August 2015       |
| 3.  | Third party audit - Vic Roads  | Not Applicable    |
| 4.  | Delegations and Register of Interests  | February 2016     |

#### **Audits in Progress**

1. The *Lease Royalties* internal audit is currently underway.
2. The *Maintenance of Plant and Equipment - City Works* internal audit has been scoped as a Co-sourced facilitative audit between the Program Leader Internal Audit and Risk and the Contract Internal Auditor. The approved scope is available in **Attachment 2** and will commence during February 2016.
3. The *Lease Management Review of Non-Compliance* internal audit has been scoped to be undertaken by the Contract Internal Auditor. The approved scope is available in **Attachment 3** and will commence during May 2016.

### ***Continuous (Staged) Audits***

The following two (2) audits are continuous audits spanning multiple internal audit programs:

1. Continuous Audit - Procurement Roadmap (CAPR)
2. Internal Controls - Self-Assessment (ICSA)

Stage 1 of the CAPR audit is complete and the report was presented to the April 2015 meeting of the Committee, Stage 2 has not yet commenced. The ICSA audit is currently being scoped.

### ***Audits Planned***

The following seven (7) audits are scheduled to commence over the remainder of the financial year:

1. Elected Member Payment and Expenses\*
2. Network Drives Records Management
3. Comprehensive - SA Public Health Act 2011
4. Thebarton Community Centre - Conditions of Use and Debtor Receipting
5. Staff Health and Safety - Internal Controls from the Operational Risk Register
6. Debt Management\*
7. Community Services Event Management\*

*Note: The audits marked with an (\*) are currently being scoped.*

### ***Audits Cancelled***

*Turf and Irrigation Audit* - as reported previously to the Committee

### **Audit Plan Status**

Eight (8) audits were scheduled for commencement during the first two quarters. Of these, four (4) were completed, two (2) are in progress and two (2) have not started.

The 2015-2016 Internal Audit Program (excluding staged audits) is on track with 7/15 (46%) audits either in progress or complete, i.e. 26% complete and 20% in progress.

### **Conclusion**

This report presents an update on the status of the 2015-2016 Internal Audit Program.

Report as at February 2016

2015/16 Internal Audit Program

| Audit Number   | Internal Audit  | Audit Objectives  | Quarter | Status    | Comments   |
|--|---|---|---------|-----------|--|
| <b>Status of Pre-2014/15 Internal Audits Carried Forward</b> |   |   |         |           |  |
| 1  | Turf and Irrigation   |   |         | Cancelled | The audit, carried forward from the 2013-2014 audit program has been cancelled on the basis that the 2015-2018 Internal Audit Plan (the Plan) has been developed by prioritising operational risks with a revised risk level of 'Moderate' and which attract a revised risk consequence of 'catastrophic or major', consideration of key triggers or past audit finding of non-compliance. Consequently, the audit failed to meet the risk based methodology of the Plan during audit scoping. |
| <b>Status of 2014/15 Internal Audits Carried Forward</b>     |   |   |         |           |  |
| 2  | Roads Opening and Closing Act   | To assess the level of compliance with the: <ul style="list-style-type: none"> <li>Roads (Opening and Closing) Act 1991</li> <li>Roads (Opening and Closing) Regulations 2006; and</li> <li>Roads (Opening and Closing) (fees) Regulations 2006</li> <li>Identified opportunities for the introduction of better practices and process improvement</li> </ul> | 1       | Complete  | The Audit, undertaken by the Contract Legal Auditor, is complete and the final report was presented to the August 2015 meeting of the Committee.   |
| 3  | Local Government Act - Procedures at Meetings and Access to Meetings and Documents. | To assess the level of compliance with the: <ul style="list-style-type: none"> <li>Local Government Act 1999</li> <li>Local Government (Procedures and Meetings) Regulations 2013</li> <li>CWT Statutory Code: <ul style="list-style-type: none"> <li>Code of Practice - Procedures at Meetings</li> <li>Code of Practice - Access to</li> </ul> </li> </ul>  | 1       | Complete  | The Audit, undertaken by the Contract Legal Auditor, is complete and the final report was presented to the August 2015 meeting of the Committee.   |

ATTACHMENT 1

|             |             |          |          |           |
|-------------|-------------|----------|----------|-----------|
| Not Started | In Progress | Complete | Deferred | Cancelled |
|-------------|-------------|----------|----------|-----------|

# Report as at February 2016

## 2015/16 Internal Audit Program

| Audit Number                             | Internal Audit                        | Audit Objectives  | Quarter | Status       | Comments   |
|--|---------------------------------------|---|---------|--------------|--|
|  |                                       | Meetings and Documents  |         |              |  |
|  |                                       | <ul style="list-style-type: none"> <li>To Identify opportunities for the introduction of better practices and process improvement</li> </ul>  |         |              |  |
| 4  | Community Services Event Management   | To be defined   | 3       | Carried-Over | The Audit is deferred to quarter three (Q 3) of the 2015-2016 Internal Audit Program in order to align with the 'Summer Festival' event.   |
| <b>Status of 2015/16 Internal Audits</b> |                                       |   |         |              |  |
| 5  | Delegations and Register of Interests | <p>To assess the:</p> <ul style="list-style-type: none"> <li>Controls to ensure people are not operating outside of delegations.</li> <li>Existence, completeness and accuracy of delegations register and process.</li> <li>Compliance with obligations under: <ul style="list-style-type: none"> <li>Local Government Act 1999</li> <li>Development Act 1993</li> <li>Council Policy: Delegation Process</li> <li>Administration Policy: Sub-delegation Process</li> </ul> </li> <li>Controls to ensure that Elected Members and prescribed officers submit their primary and ordinary returns within the required timeframe.</li> <li>Existence of controls and accuracy of the risk rating for the operational risk 'Failure to declare an interest or conflict of interest by officers, elected members and/or independent members resulting in external agency investigation'.</li> </ul> | 1       | Complete     | The Audit, undertaken as a co-source audit between the Program Leader Internal Audit and Risk and the Contract Legal Auditor is complete. The final report is presented to the February 2016 meeting of the Committee. |

|  |             |             |          |          |           |
|--|-------------|-------------|----------|----------|-----------|
|  | Not Started | In Progress | Complete | Deferred | Cancelled |
|--|-------------|-------------|----------|----------|-----------|

Report as at February 2016

2015/16 Internal Audit Program

| Audit Number              | Internal Audit  | Audit Objectives  | Quarter | Status      | Comments   |
|---------------------------|---|---|---------|-------------|--|
| <b>Assurance Audits</b>   |   |   |         |             |  |
| 6                         | Elected Member Payments and Expenses                                | To be defined   | 1       | Not Started | The Audit is currently being scoped by the Program Leader Internal Audit and Risk.   |
| 7                         | Network Drives Records Management                                   | To be defined   | 4       | Not Started |  |
| 8                         | Maintenance Plant and Equipment - Operational Sites                 | To be defined   | 2       | In Progress | The audit scope is approved as a co-sourced facilitative audit. The audit commenced during February 2016.                  |
| 9                         | Lease Management Review of Non-Compliances                          | To be defined   | 3       | In Progress | The audit scope is approved to be undertaken by the Contract Internal Auditor. The audit will commence during May 2016.    |
| <b>Legislative Audits</b> |   |   |         |             |  |
| 10                        | Comprehensive - SA Public Health Act, 2011                          | To be defined   | 4       | Not Started | The Audit is currently being scoped by the Program Leader Internal Audit and Risk.   |
| <b>Spot Audits</b>        |   |   |         |             |  |
| 11                        | Thebarton Community Centre - Conditions of use and debtor receiving | To be defined   | 2       | Not Started |  |
| <b>Third Party Audits</b> |   |   |         |             |  |
| 12                        | Vic Roads Annual Audit  | Self-assessment mandated as part of the agreement with Vic Roads  | 1       | Complete    | Program Leader Internal Audit and Risk has completed this audit and the report was submitted to Vic Roads on 31 July 2015. |
| 13                        | Lease royalties   | To assess: <ul style="list-style-type: none"> <li>Third party compliance with maintenance and repair responsibilities under the relevant lease agreements.</li> <li>The accuracy of royalty payments made during the 2014/15 financial year.</li> <li>Insurance and Indemnity cover complies with the lease agreement.</li> </ul> | 1       | In Progress | The Audit is in progress, undertaken by the Contract Internal Auditor.   |

|  |             |             |          |          |           |
|--|-------------|-------------|----------|----------|-----------|
|  | Not Started | In Progress | Complete | Deferred | Cancelled |
|--|-------------|-------------|----------|----------|-----------|

Report as at February 2016

2015/16 Internal Audit Program

| Audit Number               | Internal Audit   | Audit Objectives  | Quarter      | Status              | Comments |
|----------------------------|--|---|--------------|---------------------|----------|
| <b>WHS Audits</b>          |  |   |              |                     |          |
| 14                         | Staff Health and Safety - Internal Controls from the Operational Risk Register | To be defined   | 4            | Not Started         |          |
| <b>Facilitative Audits</b> |  |   |              |                     |          |
| 15                         | Debt Management  | To be defined   | 3            | Not Started         |          |
| <b>Staged Audits</b>       |  |   |              |                     |          |
| 16                         | Continuous Audit - Procurement Roadmap (Stage 2).                              | Stage 2 objectives seek to assess the completeness of delivering procurement information, defining roles and responsibilities and the provision of procurement training. In addition, progress against the agreed actions identified in Stage 1 and the overall progress against the Roadmap will be assessed.<br><b>Intranet/Information availability - the audit will determine the:</b> <ul style="list-style-type: none"> <li>• level of consultation</li> <li>• ease of obtaining relevant procurement / contractor management information</li> <li>• sufficient evidence of probity of process (documentation and reporting)</li> <li>• availability of contracts documents and templates</li> </ul> <b>Roles and responsibilities - the audit will assess the:</b> <ul style="list-style-type: none"> <li>• Roles and responsibilities are available and understood</li> <li>• Sufficiency of training to undertake procurement activity in accordance with</li> </ul> | Staged Audit | Stage 2 Not Started |          |

|             |             |          |          |           |
|-------------|-------------|----------|----------|-----------|
| Not Started | In Progress | Complete | Deferred | Cancelled |
|-------------|-------------|----------|----------|-----------|

2015/16 Internal Audit Program

Report as at February 2016

| Audit Number | Internal Audit                    | Audit Objectives   | Quarter | Status             | Comments  |
|--------------|-----------------------------------|--|---------|--------------------|---|
|              |                                   | the procurement policy and using the procurement processes, contracts and templates. |         |                    |   |
| 17           | Internal Controls Self-Assessment | To be defined  | Staged  | <b>Not Started</b> | The Audit is currently being scoped by the Program Leader Internal Audit and Risk. A meeting is set with the Contract Internal Auditor to research and discuss the audit methodology. |

|  |             |             |          |          |           |
|--|-------------|-------------|----------|----------|-----------|
|  | Not Started | In Progress | Complete | Deferred | Cancelled |
|--|-------------|-------------|----------|----------|-----------|

ATTACHMENT 2



## FACILITATIVE AUDIT

# Maintenance of Plant and Equipment - City Works

---

### Introduction

The approved Audit Program 2015-16 provides for an internal audit of Maintenance Plant and Equipment - City Works. During audit scoping discussions were held with:

- Manager City Works
- Coordinator, Fleet Cleansing and Support Services; and
- WHS Coordinator

From these discussions it is apparent that, although plant and equipment maintenance works are occurring, there are still gaps present such as:

- Progress has not been made against the 2014 KPI Audit non-conformance finding due to the manual nature of the plant and equipment maintenance records;
- There is no central electronic repository used for plant and equipment maintenance or repair information;
- Low value equipment (below \$2,000) are not assigned a plant number or entered onto a plant/equipment register and as such repairs/maintenance is not traceable to an individual piece of equipment;
- Pre-purchase risk assessments are haphazardly conducted.

### Audit Objectives

Facilitative audits aim to quickly assess the current state of immature practices and to work with the stakeholder through facilitation, advice and consultation to establish objectives and agreed outcomes. Overtime, these outcomes should put governance mechanisms in place which result in a good level of compliance with the:

- 2014 KPI Audit finding
- WHS Act 2012 SA; & WHS Regulations 2012 SA
- CWT Administration Policy - WHS Plant Safety
- Asset Management Plan(s)
- Fleet management and purchasing compliance against:
  - Council Policy: Fleet Management
  - Administrative Policy: Fleet Management

### Proposed Audit Team

| Internal Work Group                               |  |
|---|--|
| Officer   | Role   |
| Program Leader Audit and Risk                     | Auditor/Facilitator  |
| Coordinator Fleet, Cleansing and Support Services | Process leader   |
| WHS Coordinator                                   | Assess output against WHS requirements   |
| Asset Officer Engineering                         | Asset management perspective, Conquest administrator.  |
| Independent Assurance Auditor                     |  |
| Contract Internal Auditor                         | <ul style="list-style-type: none"> <li>•Specialist advice during objective formation</li> <li>•Post implementation compliance audit</li> </ul> |

### Stages of Audit

#### Stage 1 - Develop Solution Action Plan

An objectives and agreed outcomes report will replace the traditional audit findings report. This report will use internal resources to investigate those gaps previously identified and use a 'cause and effect' approach to identify and document:

#### Gap Analysis (Internal Work Group)

- What should be done;
- What is currently being done;
- Significant differences between 'what should' and 'what is' being done;
- Assess the current residual risk in respect of continuing to operate in the current state.

#### Outcomes (Internal Work Group)

The Audit objectives will be the benchmark from which to develop outcomes (solutions). The work group will design a project plan for management approval which identifies:

- Proposed solutions against the relevant audit objective(s);
- An implementation plan which assigns roles, responsibilities, deliverables and timeframes;
- A future risk assessment reflective of the proposed solution.

#### Assurance Report (Galpins)

The contract internal auditor will review the solution action plan proposal to evaluate:

- Whether the outcomes address current gaps measured against applicable WHS legislation and supporting codes of practice, previous audit findings, standards, and the Administration Policy-WHS Plant Safety;

- Any opportunities to add value to the outcome proposal with the introduction of better practices and process improvements;
- Which KPI and metrics are necessary for the stage 3 evaluation;
- The overall solution plan will be presented to the Executive for approval and if approved, a summary report will be presented to the Audit and Risk Committee.

### **Stage 2 - Implementation**

- The agreed outcomes will form part of the 6-monthly agreed outcomes report in order to track progress and provide comment at key milestones;
- The Program Leader Audit and Risk (PLA&R) will provide monthly progress updates to the General Manager Business and Community Services and General Manager Urban Services until completion.

### **Stage 3 - Compliance Audit**

Following implementation, Galpins will undertake a compliance audit against the identified audit outcomes.

The objectives of the audit are to evaluate and report on:

- Whether the solution has been fully implemented and:
  - Complies with the project outcomes while having regard for applicable WHS legislation and supporting codes of practice, previous audit findings, standards and the Administration Policy-WHS Plant Safety;
  - Whether current internal controls sufficiently address the hazards and risks associated with operating plant and equipment including licencing and plant registrations;
  - Evaluates whether appropriate reporting of damaged/decommissioned plant or equipment is in place;
  - Measures progress made against past non-conformance contained in the 2014 Mutual Liability Scheme KPI Audit.
- Fleet management compliance with:
  - Council Policy: Fleet Management
  - Administrative Policy: Fleet Management
- Whether CWT's fleet and equipment replacement strategy is optimal in terms of physical/financial needs.

### **Stage 3 Approach**

A key component of the audit is to conduct interviews with key managers/supervisors, staff and stakeholders to establish any issues, concerns and potential improvements. The PLA&R will discuss the scope and overview of work with the Team Leader Fleet Cleansing and Support Services prior to the commencement of testing.

A review of available documentation such as legislation, policies, risk assessments, work procedures, maintenance/inspection records, procedure manuals, performance reports etc will be undertaken. This is critical in supporting review comments and providing evidence to support audit conclusions. Field-testing may be undertaken to

establish whether or not controls are in place and are effective in addressing extreme or high risks.

As part of stage 3 a revised risk assessment will be undertaken in collaboration with the internal audit team and the result reported in the audit report.

## Risks

Potential risks associated with *Maintenance of Plant and Equipment -City Works*, as identified by Internal Audit include, but are not limited to:

Those risks identified from the City Works - Operational Risk Register:

| Risk   | Descriptor | Likelihood | Consequence  | Risk Rating | Type     |
|--|------------|------------|--------------|-------------|----------|
| <b>Death or injury of an employee resulting from an unsafe workplace</b> | WHS        | Moderate   | Catastrophic | High        | Raw      |
|  | WHS        | Rare       | Major        | Moderate    | Residual |
| <b>Failure of plant and equipment resources</b>                          | WHS        | Moderate   | Major        | High        | Raw      |
|  | WHS        | Unlikely   | Moderate     | Moderate    | Residual |
| <b>Personal safety of employees and contractors</b>                      | WHS        | Moderate   | Major        | High        | Raw      |
|  | WHS        | Unlikely   | Moderate     | Moderate    | Residual |

## General Administration

Initial planning, interview and scoping commenced during November 2015 with Stage 1 to be conducted between December 2015 and January 2016. Stage 2 Implementation is anticipated to occur between January & March 2016 while the Stage 3 review and compliance audit is expected to occur between April and June 2016.

A draft report will be issued at each stage for comment and to allow for corrections of fact and management comments to be incorporated. The final report will be issued to the Executive Management Team for approval.

The final approved report at each stage will also be tabled at the Audit and Risk Committee meeting for review.

The review/audit has an indicative budget of 10 days.

## Audit Findings and Recommendation Ratings

### Compliance Rating

*Findings are classified as having a good level of compliance, a partial level of compliance, a substantial level of compliance or as being not compliant.*

*Recommended actions are classified as corrective where they relate directly to legislative, policy or procedural requirements and/or present an unacceptable level of risk to Council and improvement where they are in response to generally accepted industry standards or better practice.*

*Definitions are as classified in the table below.*

|  |   |
|--|---|
| <i>Non compliant</i>                   | <i>There is no evidence of compliance with legislation, policy, procedure and/or internal controls.</i>         |
| <i>Partial level of compliance</i>     | <i>There is partial evidence of compliance with legislation, policy, procedure and/or internal controls.</i>    |
| <i>Substantial level of compliance</i> | <i>There is a substantial level of compliance with legislation, policy, procedure and/or internal controls.</i> |
| <i>Good level of compliance</i>        | <i>There is a good level of compliance with legislation, policy, procedure and/or internal controls.</i>        |

#### *Control Risk Rating*

*Findings/issues are classified in accordance with a risk rating consistent with Council's Risk Management Framework so that recommendations are reported as:*

- *Extreme risk recommendations*
- *High risk recommendations*
- *Moderate risk recommendations*
- *Low risk recommendations*
- *Better practice or improvement recommendations*

---

#### **Sign Off**

I have read the above Internal Audit Assignment Plan and I am satisfied the objectives and scope meet the expectations for this audit.

Signed



General Manager Business and  
Community Services

Date 2/2/16

ATTACHMENT 3



## Internal Audit Scope

# Lease and Licence Management - Compliance Review

---

### Introduction

The *2012 Internal Audit of Lease and Licence Management* (the audit) reported that overall the control environment was found to be lacking structure and supporting documentation. This is equivalent to a finding of non-compliance when assessed against current City of West Torrens (CWT) compliance rating audit methodology. The audit made six (6) recommendations of which all were approved for actioning by management.

Consequently, the purpose of this audit as detailed in the 2015-2018 Internal Audit Plan, is to review the CWT lease and licence management controls in order to measure progress against the 2012 internal audit findings (agreed actions) and the overall compliance rating review.

### Audit Objectives

The objectives of the review are to evaluate and report on:

- The adequacy of current internal controls in addressing risks associated with property lease management.
- The level of compliance with applicable laws, regulations, standards, Council policies and the *Local Government Act 1999*.
- Identified opportunities for the introduction of better practices and process improvement.
- Sufficiency of lease/licence coverage/risk level in the CWT Operational Risk Register.

### Audit Scope

The review will include, but not be limited to, the following:

- Completeness and accuracy of the property lease and licence register.
- Process and controls surrounding the management of lease and licences, new lease agreements and lease renewal (including determining terms and conditions of lease agreements).
- Controls to ensure leases and licences are current and in existence for all eligible properties.
- Lease and licence fee collection.

- Sufficiency and adequacy of information flow between City Assets and Financial Services regarding lease terms and conditions, fees payable and debt recovery.
- Progress/compliance against previous audit findings which were approved by management for implementation.

### **Approach**

A key component of the audit is to conduct interviews with key managers and staff to establish any issues, concerns and potential improvements. The Auditor will discuss the scope and overview of work to be performed with the Manager City Assets and Senior Property Assets Advisor prior to the commencement of testing.

A review of available documentation such as legislation, policies, audits, procedure manuals/templates, lease agreements, performance reports, registers and correspondence etc. will be undertaken. This is critical in supporting review comments and providing evidence to support audit conclusions.

If prior audit findings remain outstanding, the auditor may facilitate stakeholders to develop an agreed solution which establishes objectives and outcomes for CWT approval.

Field and sample testing will be undertaken to establish whether or not controls are in place and are effective in mitigating risks.

### **Risks**

Potential risks associated with a failure to manage lease and licences as identified by internal audit include, but are not limited to:

- Lease/licence agreements are expired, are not recorded in lease register or do not exist.
- Non-adherence to lease/licence terms and conditions and/or
- Failure to implement agreed actions exposing the CWT to unnecessary risk

### **General Administration**

This audit will be performed by the Contract Internal Auditor (Galpins).

Initial planning, interview and scoping commenced in December 2015 with fieldwork and reporting to be conducted between January 2015 and March 2016.

A draft report is expected to be issued to allow for corrections of fact and management comments to be incorporated. The report will then be issued to the Executive Management Team to approve the agreed actions and/or management comment. The final report will be tabled at the Audit and Risk Committee meeting for review.

The review/audit has an indicative budget of 6 days.

## Audit Findings and Recommendation Ratings

### Compliance Rating

*Findings are classified as having a good level of compliance, a partial level of compliance, a substantial level of compliance or as being not compliant.*

*Recommended actions are classified as corrective where they relate directly to legislative, policy or procedural requirements and/or present an unacceptable level of risk to Council and improvement where they are in response to generally accepted industry standards or better practice.*

*Definitions are as classified in the table below.*

|  |   |
|--|---|
| <i>Non-compliant</i>                   | <i>There is no evidence of compliance with legislation, policy, procedure and/or internal controls.</i>         |
| <i>Partial level of compliance</i>     | <i>There is partial evidence of compliance with legislation, policy, procedure and/or internal controls.</i>    |
| <i>Substantial level of compliance</i> | <i>There is a substantial level of compliance with legislation, policy, procedure and/or internal controls.</i> |
| <i>Good level of compliance</i>        | <i>There is a good level of compliance with legislation, policy, procedure and internal controls.</i>           |

### Control Risk Rating

*Findings/issues are classified in accordance with a risk rating consistent with Council's Risk Management Framework so that recommendations are reported as:*

- *Extreme risk recommendations*
- *High risk recommendations*
- *Moderate risk recommendations*
- *Low risk recommendations*
- *Better practice or improvement recommendations*

---

I have read the above Internal Audit Assignment Plan and I am satisfied the objectives and scope meet the expectations for this audit.

Signed 

General Manager Business and Community Services

Date 20/6 / 2016

### 9.3.2 Delegations and Register of Interests Internal Audit

#### Brief

This report presents the results of the *Delegations and Register of Interests internal audit*.

#### RECOMMENDATION(S)

It is recommended to the Audit and Risk Prescribed General Committee that this report be received.

---

#### Introduction

In accordance with the approved Internal Audit Program 2015-2016, an internal audit of *Delegations and Register of Interest (Audit)* was undertaken as a co-sourced audit engagement between the Program Leader Internal Audit and Risk and the Contract Auditor (Galpins) in accordance with the audit scope. The audit reviewed the:

- Controls to ensure people are not operating outside of delegations;
- Existence, completeness and accuracy of the delegations register and process;
- Compliance with obligations under the:
  - Local Government Act 1999
  - Development Act 1993
  - Council Policy: Delegations Process
  - Administration Policy: Sub-delegations Process
- Controls to ensure that primary and ordinary returns are returned within the required timeframes; and
- Existence of controls and accuracy of the risk rating for the relevant operational risks.

#### Discussion

The audit methodology included a comprehensive approach to understanding, mapping and testing the process in place in relation to delegations and register of interests. The methodology relating to delegations/sub-delegations and register of interests is summarised below:

#### Delegations and Sub-delegations

- Understanding the processes used to delegate and sub-delegate powers in CWT
- Developing process maps of CWT's process to delegate and sub-delegate powers, including identifying control strengths and weaknesses in these processes
- Testing of completeness and accuracy of CWT's delegations and sub-delegations frameworks
- Testing accuracy of CWT's delegations and sub-delegations frameworks. Legislation included for testing purposes included:
  - Burial and Cremation Act 2013 and Burial and Cremation Regulations 2014
  - Community Titles Act 1996
  - Development Act 1993
  - Dog & Cat Management Act 1995
  - Environment Protection Act 1993
  - Local Government Act 1999
  - Road Traffic (Miscellaneous) Regulations 2014
  - Road Traffic (Road Rules - Ancillary and Miscellaneous Provisions) Regulations 2014
  - South Australian Public Health Act 2011 as at 18 June 2013
  - Work Health and Safety Act 2012

- Understanding the process to sub-delegate powers to officers acting in higher duties
- Conducting interviews with key stakeholders and additional CWT staff to understand the delegations process and awareness of delegations/ sub-delegations
- Identification of gaps or areas for improvement in CWT's approach to delegating and sub-delegating powers

### **Register of Interests**

- Understanding processes used to develop the registers of interests
- Developing process map of process to develop the registers of interests
- Testing of completeness of the registers of interests (checking all relevant responses received only, not checking detail of responses)

Following completion of the audit, a draft internal audit report (the Report) was issued to the Team Leader Governance and Business Improvement for comment and individual risk assessment with a closing meeting held to provide an opportunity to clarify audit findings with the auditor's. The final report was provided to the Executive in November 2015 and is attached.

### **Internal Audit Findings and Compliance Rating**

#### ***Delegations***

The audit found that strong controls were in place to ensure that people are not acting outside of delegations and that policy and procedures are in place. In addition, high-level delegations from Council to the CEO are controlled via a formal process, with the Governance Department responsible for ensuring the completeness and accuracy of this process. Sub-delegations from the CEO to officers are also subject to a formal process.

The audit found that the main risk area for officers to operate outside of delegations is when they are acting in higher duties. In this instance, testing indicated instances when these officers were not notified of those delegations attached to their acting role.

Audit testing found that there is a high degree of completeness and accuracy in the delegation and sub-delegation frameworks; however there is some evidence of inefficiencies and errors relating to a manually intensive process.

#### ***Registers of Interests***

Governance has a formal process in place to maintain the Registers of Interests and to ensure that prescribed officers and Elected Members submit their primary and ordinary returns within required timeframes.

#### ***Compliance Rating***

Overall, the auditor found **Good Level of Compliance** as all audit findings are within risk tolerance levels and the recommendations minor in nature.

Six (6) internal audit findings were made of which two (2) attracted a moderate level of risk and four (4) attracted a low level of risk.

While the organisation tolerates moderate and low risks, the proposed recommendations add value to the process; consequently all recommendations will be actioned. Given the level of residual risk is within tolerance and the findings are of a minor nature, they are not subject to priority actioning and will form part of the program to be actioned over the next six to twelve months.

## Conclusion

The internal audit of *Delegations and Register of Interest* was undertaken as a co-sourced audit engagement between the Program Leader Internal Audit and Risk and the Contract Auditor (Galpins) with the audit achieving a **good level of compliance** with policies, procedures, controls and legislation attached to the Delegations and the Registers of Interests processes.

As the audit findings are within risk tolerance levels and the recommendations minor in nature, progress updates will not be reported to each meeting of the Audit and Risk Prescribed General Committee, rather, they will be reported along with other agreed action items that are within tolerance levels, on a six monthly basis.

ATTACHMENT 1



# **City of West Torrens Delegations and Register of Interests**

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## **Internal Audit Report**

**Audited By:** Darryl Whicker, Internal Auditor  
Tim Muhlhausler, Contract Internal Auditor  
Janna Burnham, Contract Internal Auditor

**Draft Report Issued:** 30/09/2015

**Final Report Presented:**

**Final Report Executive Management Approval:**

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## 1. EXECUTIVE SUMMARY

### 1.1 Background

The Local Government Act 1999 (s.44(2)) provides the ability for Council to allocate decision making powers to act in certain situations to a person, position, authorised officer, committee or subsidiary. To allocate these powers, the Council must formally delegate each power to the position of CEO as its head delegate, via a Council resolution. The CEO has the legal ability to further subdelegate powers, unless the Act prohibits subdelegation.

The approved 2014-15 Internal Audit Program provided for an internal audit to review the City of West Torrens' Delegations and Register of Interests. The audit's purpose was to review the veracity of the controls applied to the organisation's delegations and register of interests, to ensure employees are acting within their delegated powers. In addition, the audit was to review compliance with policy and legislation.

### 1.2 Objectives and Scope

The objectives of the review were to evaluate and report on:

- Controls to ensure people are not operating outside of delegations.
- Existence, completeness and accuracy of the delegations register and process.
- Compliance with obligations under:
  - Local Government Act 1999
  - Development Act 1993
  - Council Policy: Delegations Process
  - Administration Policy: Sub-delegation Process.
- Controls to ensure that prescribed officers and Elected Members submit their primary and ordinary returns within the required timeframes.
- Existence of controls and accuracy of the risk rating for the operational risk *'Failure to declare an interest or conflict of interest by officers, elected members and/or independent members resulting in external agency investigation'*.

The review included, but was not limited to assessment of the—

- completeness of the delegations register, including the CEO delegations framework, DAP delegations framework, sub-delegations framework;
- robustness of the process in sub-delegating powers to employees acting in higher/alternate duties;
- compliance with relevant acts, policies and/or associated regulations;
- compliance with relevant acts, policies and/or associated regulations;
- effectiveness of controls to ensure employees act within delegated limits;
- veracity of internal controls document in the operational risk register for the delegations activity;
- accuracy and completeness of the register of interests; and
- veracity of internal controls document in the operational risk register for the register of interests process.

### 1.3 Associated Risks

Potential risks associated with a failure to manage delegations and interests risk were identified as follows, but were not limited to:

- Operational risk register:
  - *'Failure to declare an interest or conflict of interest by officers, elected members and/or independent members resulting in external agency investigation'*.
- Risks identified by Program Leader Internal Audit and Risk:
  - Non-compliance or adherence to legislative, or governance requirements resulting in Ombudsman/ICAC/Ministerial investigation
  - Officers acting outside of their sub-delegation, resulting in risk of:
    - Litigation, financial loss, reputational damage, fraud or theft
    - Employee and elected member fraud, error, theft and/or corruption.

| Risk     | Risk                        | Descriptor                  | Likelihood     | Consequence  | Residual Risk Rating |
|----------|-----------------------------|-----------------------------|----------------|--------------|----------------------|
| Raw      | Delegations/Sub-Delegations | Reputation / Organisational | Almost Certain | Catastrophic | Extreme              |
| Residual | Delegations/Sub-Delegations | Reputation / Organisational | Unlikely       | Moderate     | Moderate             |
| Raw      | Register of Interests       | Reputation / Organisational | Unlikely       | Major        | Moderate             |
| Residual | Register of Interests       | Reputation / Organisational | Rare           | Moderate     | Low                  |

*\*This risk assessment is based on two risks contained in the operational risk register, relating to personal gain and conflict of interest.*

As part of the audit, based on the audit results, IA reviewed the operational risk register for accuracy/currency and found the risk to be within tolerance levels after reviewing controls. The risk register was updated to make this a low risk. In addition, a new risk was identified and added to the register:

- *Employees act without appropriate decision making powers resulting in a decision being overturned, unlawful and/or externally investigated.*

The inherent rating of this risk is 'moderate', with the residual risk assessed as 'low'.

### 1.4 Audit Methodology

The audit included a comprehensive approach to understanding, mapping and testing the processes in place in relation to delegations and the register of interest. The methodology is outlined below. Detail of documentation considered is included in Appendix 1.

#### Delegations and Sub-delegations

- Understanding the processes used to delegate and sub-delegate powers in CWT
- Developing process maps of CWT's process to delegate and sub-delegate powers, including identifying control strengths and weaknesses in these processes
- Testing of completeness and accuracy of CWT's delegations and sub-delegations frameworks

- Testing accuracy of CWT's delegations and sub-delegations frameworks.  
Legislation included for testing purposes included:
  - Burial and Cremation Act 2013 and Burial and Cremation Regulations 2014
  - Community Titles Act 1996
  - Development Act 1993
  - Dog & Cat Management Act 1995
  - Environment Protection Act 1993
  - Local Government Act 1999
  - Road Traffic (Miscellaneous) Regulations 2014
  - Road Traffic (Road Rules - Ancillary and Miscellaneous Provisions) Regulations 2014
  - South Australian Public Health Act 2011 as at 18 June 2013
  - Work Health and Safety Act 2012
- Understanding the process to sub-delegate powers to officers acting in higher duties
- Conducting interviews with key stakeholders and additional CWT staff to understand the delegations process and awareness of delegations/ sub-delegations
- Identification of gaps or areas for improvement in CWT's approach to delegating and sub-delegating powers

#### Register of Interests

- Understanding processes used to develop register of interests
- Developing process map of process to develop register of interests
- Testing of completeness of register of interests (checking all relevant responses received only, not checking detail of responses)

## 1.5 Examples of Good Practice

Internal Controls assessed as demonstrating good practice in mitigating risk are demonstrated as follows:

|  |   |
|--|---|
| • Council has a dedicated team responsible for overseeing the delegations and sub-delegations process. Audit testing found a high degree of accuracy against the LGA model documentation.  | ✓ |
| • The executive team have involvement in reviewing the delegations and sub-delegations registers before they are approved. This input helps to ensure accuracy and that only necessary powers are delegated and sub-delegated to Council officers. | ✓ |
| • Council policy on the Delegations Process is in place and current.   | ✓ |
| • Council administration guide on the Sub-delegations Process is in place and current.   | ✓ |
| • Council's approach is to reduce the amount of delegations and sub-delegations issued to staff over time (delegations kept at a high level).  | ✓ |
| • The process for revoking and enacting CEO Delegations is effective, with transition occurring at the same Council meeting.   | ✓ |
| • Some responsibilities outlined in legislation are identified and clearly outlined in the delegations registers as 'duties,' therefore eliminating the need to delegate powers unnecessarily.   | ✓ |
| • Staff are advised of their relevant sub-delegations each year.   | ✓ |

## 1.6 Key Findings and Recommendations

CWV has some strong controls in place to ensure that people are not acting outside of delegations and overall, a **good level of compliance** was achieved. Current policies and procedures are in place. In addition, high-level delegations from Council to the CEO are controlled via a formal process, with the Governance Department (Governance) responsible for ensuring the completeness and accuracy of this process. Sub-delegations from the CEO to officers are also subject to a formal process.

The audit found that the main risk area for officers to operate outside of delegations is when they are acting in higher duties. In this instance, testing indicated instances where these officers were not notified of the delegations attached to their acting role. This creates a risk that officers make decisions without formal training or understanding of their responsibilities. Governance take responsibility for notifying officers of any delegations, however they are not always made aware of staff members acting in higher duties and this impacts upon their ability to offer information and support.

Audit testing found that there is a high degree of completeness and accuracy in the frameworks. The audit also identified some inefficiencies in process. The process to develop the delegations and sub-delegations frameworks is manually intensive, involving multiple paper drafts and comments from the executive team and CEO. The Governance Department is responsible for ensuring that all legislative changes/updates are included in both frameworks, as well as all changes requested by the executive team. This is achieved via a process to double- and triple-check the accuracy of each framework. Audit testing identified some minor errors that were overseen by the team – for example clauses not being included in the frameworks, and errors in references.

Council has a formal process in place to maintain the Register of Interests, and to ensure that prescribed officers and Elected Members submit their primary and ordinary returns within the required timeframes. The Governance team lead this process, and send letters, reminders and make phone calls to ensure compliance. Testing found that all returns were submitted within required timeframes, with the exception of staff that had left the organisation, and one staff member on extended leave.

A review of the operational risk register for accuracy / currency found that the existing risk *'failure to declare an interest or conflict of interest by officers, elected members and/or independent members resulting in external agency investigation'* should have an inherent rating of 'moderate' and a residual risk rating of 'low'. The register was updated to reflect this finding.

The audit also identified a new risk to be added to the register – 'Employees act without appropriate decision making powers resulting in a decision being overturned, unlawful and/or externally investigated'. The inherent rating of this risk is 'moderate', with the residual risk assessed as 'low'.

The audit also found some opportunity for better compliance with Council's policy about making the delegations framework available to the public.

The table over page summarises the audit's findings and associated risk ratings:

| Finding and Recommendation/s - Risk Table   | Extreme Risk | High Risk | Mod Risk | Low Risk | Better Practice |
|---|--------------|-----------|----------|----------|-----------------|
| 2.1 Risk of manual process – delegations and sub-delegations compilation                        |              |           |          | ✓        |                 |
| 2.2 Completeness and accuracy of CEO Delegations Framework – minor errors                       |              |           |          | ✓        |                 |
| 2.3 Completeness and accuracy of Sub-delegations Framework – minor errors                       |              |           |          | ✓        |                 |
| 2.4 Opportunity to improve efficiency and reduce time delays around the sub-delegations process |              |           | ✓        |          |                 |
| 2.5 Risk of employees acting in higher duties not being aware of their responsibilities         |              |           | ✓        |          |                 |
| 2.6 Public access to Delegations Register   |              |           |          | ✓        |                 |

The issues and impact of findings and recommended actions to be undertaken by management is detailed in section 2 of this report.

The report has been written on an exception basis. Consequently, only areas within the scope where management actions are required have been outlined in this report.

## 2. INTERNAL AUDIT FINDINGS AND RECOMMENDATIONS

| 2.1: Risk of Manual Process  |   | Risk Rating - Low   |                          |                              |                      |
|--|---|---|--------------------------|------------------------------|----------------------|
|  |   | Auditor   | Descriptor<br>Reputation | Consequence<br>Insignificant | Likelihood<br>Likely |
|  |   | Manager   | Reputation               | Insignificant                | Likely               |
| Issues and Impact  | Recommendation/s  | Management Response   | Target Date              |                              |                      |
| <p>CWT uses a manual process to compile the delegations and sub-delegations frameworks (see Appendix 2 and Appendix 3 for process maps). This requires any changes to 35 legislative instruments to be identified, tracked and updated in two large excel spreadsheets. The executive are also given at least two opportunities to provide input/changes to these frameworks. The overall process takes from 3 - 6 months.</p> <p>Audit considers that having a dedicated team responsible for delegations is a strong control to ensure accuracy of the process, and this was supported by the test results. Some minor errors resulting from the manual process were identified. These are summarised in Appendix 4.</p> <p>During the course of the audit we were made aware that some external systems are available which automate the delegations and sub-delegations processes.</p> | <p>Develop a cost-benefit analysis to confirm CWT's preferred approach to administering delegations. This should determine whether CWT will:</p> <ul style="list-style-type: none"><li>continue with the current approach of using the Governance team to develop and update the delegations frameworks (with some process efficiencies discussed in the following recommendation), and/or</li><li>consider implementation of a system aimed at automating the delegations and sub-delegations process.</li></ul> | <p>An automated electronic system licence purchased for the creation and update of delegations and sub-delegations to ensure better accuracy and reduce the risk of errors.</p> | <p>January 2016</p>      |                              |                      |

| 2.2: CEO Delegations Framework – completeness and accuracy   |  | Risk Rating - Low  |                |   |
|--|--|--|----------------|---|
|  |  | Auditor  | Descriptor     | Consequence   |
|  |  | Manager  | Organisational | Insignificant   |
| Issues and Impact  |  | Recommendation/s   |                | Management Response   |
| <p>Internal Audit reviewed the process to delegate powers from Council to the CEO and found that this process is rigorous, involving an extensive review process before Council and then the CEO give formal approval to the final framework.</p> <p>Audit also tested the completeness of Council's delegations framework through a comparison against Local Government Association (LGA) guidance documents. This showed that the CWT delegates obligations under all legislation listed by the LGA, except in relation to three acts<sup>1</sup> that have been appropriately identified as not applicable to Council.</p> <p>Audit further tested the detail of a sample of delegations under 10 acts<sup>2</sup> for completeness and accuracy, and found that overall, there was a high level of completeness and accuracy in the delegations framework. Some minor errors were identified. These appear to be a result of the manually intensive nature of the process to create the framework. These are summarised in Appendix 4.</p> |  | <p>Update the delegations framework to ensure that errors identified in audit testing (relating to the Development Act and Public Health Act) are rectified.</p> |                | <p>Risk assessed as low and errors to be amended at next delegations review. However, new external delegations system being implemented as per 2.1 above. System has 'track changes' function so amendments are clearly traceable.</p> <p>CEO delegations report to council to provide mention of any legislation that is available for delegation but has not been delegated</p> |
|  |  |  |                | Target Date<br>January 2016   |

<sup>1</sup> These acts include:

- *The Burial and Cremation Act 2013* and *Burial and Cremation Regulations 2014*. The CWT does not have a cemetery and has determined that delegation under this Act is unnecessary. Audit checked whether private burials may be a consideration for CWT and found that these can only occur 'on private property outside of a municipal council or a township' at the discretion of the local health authority.
- *The Safe Drinking Water Act 2012* and *Water Industry Act 2102 and Regulations*. These are not delegated, as CWT has only two sources of water (mains water and brewery) and this was deemed to be unnecessary.

<sup>2</sup> These are outlined in the methodology section of this report.

|  |  |  |  |
|--|--|--|--|
|  |  | (or removed from CEO delegations) to CEO to provide complete review of all delegations.  |  |
| <b>2.3: Sub-Delegations Framework – completeness and accuracy</b>  |  | <b>Risk Rating - Low</b>   |  |
|  |  | <b>Auditor</b><br><i>Organisational</i>  | <b>Consequence</b><br><i>Insignificant</i> |
|  |  | <b>Manager</b><br><i>Organisational</i>  | <b>Likelihood</b><br><i>Likely</i>         |
|  |  |  |  |
| <b>Issues and Impact</b>   | <b>Recommendation/s</b>  | <b>Management Response</b>   | <b>Target Date</b>                         |
| <p>Internal Audit reviewed the process to delegate powers from the CEO to officers and found that this process is rigorous, involving an extensive review process before the CEO gives formal approval to the final framework.</p> <p>Audit tested the detail of a sample of powers under seven acts<sup>3</sup>, and found that overall, there was a high level of completeness and accuracy in the sub-delegations framework. The framework also identifies powers that are retained by Council or the CEO.</p> <p>Audit also tested the accuracy of letters sent to officers about their sub-delegations. These letters advise officers which sub-delegations apply to their role.</p> <p>Some minor errors were identified as a result of testing, and these appear to be a result of the manually intensive nature of the process to create the framework. Errors are summarised in Appendix 4.</p> | <p>Update the sub-delegations framework to ensure that errors identified in audit testing are rectified.</p> <p>In addition, ensure that the errors identified in letters sent to sub-delegates are addressed.</p> <p>(Note: Audit considers that if any of the issues identified are of a minor or inconsequential nature, it is sufficient to document that no further action is needed in these instances).</p> | <p>While no further action is required, the implementation of an automated electronic system has commenced which ensures a higher level of accuracy and reduces the risk of future errors.</p> | <p>March 2016</p>                          |

<sup>3</sup> These are outlined in the methodology section of this report, except for the three Acts which have not been sub-delegated – the Burial and Cremation Act 2013 and Burial and Cremation Regulations 2014, the Safe Drinking Water Act 2012 and Water Industry Act 2102.

| 2.4: Efficiency Opportunities and Time Delays for Sub-Delegations Process  |  | Risk Rating – Moderate   |                           |  |
|--|--|--|---------------------------|--|
|  |  | Auditor  | Descriptor Organisational | Likelihood Moderate                      |
|  |  | Manager  | Organisational            | Consequence Minor<br>Likelihood Moderate |
| Issues and Impact  |  | Recommendation/s   |                           |  |
| <p>Audit identified that, after the CEO's Delegations are approved each year, there is a gap of up to two months until the sub-delegations are approved. This creates some uncertainty about the validity of sub-delegations being used across the CWT during this time gap.</p> <p>Audit considers it desirable to ensure that the Sub-delegations Framework is released as soon as possible after the CEO Delegations Framework. This will help to ensure consistency and reduce any potential uncertainty associated with the gap period.</p> <p>Audit understand that Governance send employees a personalised letter advising of their new/ updated sub-delegations each year. The letters take approximately one week of staff resources to generate, and employees are then allowed up to 60 days to sign and return their letters. During this time, there is some confusion about whether employees are bound by the old or new delegations.</p> <p>Audit understand that these letters are sent more as a courtesy than a required contract of offer and acceptance. There is no penalty for not signing these letters, and as at the end of September 2015, 10 of 75 signed letters were still outstanding. Therefore, opportunity exists to eliminate the need for employee signature.</p> |  | <p>To shorten the delay in enacting sub-delegations, Governance should consider:</p> <ul style="list-style-type: none"> <li>• shortening the timeframe for return of signed letter, or</li> <li>• changing the letter to advise staff that the new delegations are effective from a defined date, eliminating the need for signed acceptance of each letter.</li> </ul> <p>In addition, to improve the efficiency/ reduce the risk of error when manually creating letters, consider streamlining this process by:</p> <ul style="list-style-type: none"> <li>• Sending generalist letters or emails that direct staff to view their sub-delegations on the approved sub-delegation framework. This would eliminate the need to tailor letters, or</li> <li>• Sending letters to each sub-delegate, but attaching a filtered list from the sub-delegations framework relevant to each person. This would reduce the need to manually transcribe details between the framework and letter.</li> </ul> |                           |  |
|  |  | <p><b>Management Response</b></p> <p>New automated system renders this recommendation obsolete.</p> <p>Process amendments to be considered in next Delegations review.</p>   |                           |  |
|  |  | <p><b>Target Date</b></p> <p>March 2016</p>  |                           |  |

| 2.5: Employees acting in higher/<br>alternate duties  |  | Risk Rating – Moderate   |                |  |
|---|--|--|----------------|--|
|   |  | Auditor  | Descriptor     | Likelihood   |
|   |  | Manager  | Organisational | Likely   |
| Issues and Impact   |  | Recommendation/s   |                | Target Date  |
| <p>CWT officers act in higher/alternate positions as the need arises. In some cases, delegations or sub-delegations may be attached to the acting role. The 'acting' officer then has the power to use these delegations / sub delegations on behalf of the CWT.</p> <p>Audit mapped how employees acting in higher/alternate duties are notified of their delegations (see Appendix 5). Governance is responsible for advising staff of these delegations. Governance are made aware of acting positions only when they receive copies of the 'Higher duties and mixed functions notification' form.</p> <p>Audit tested a sample of 9 instances where employees received higher duties pay in 2014-15, to understand if they were notified of any delegations attached to their acting role.</p> <p>In 3 of 7 relevant instances, Governance was not able to notify the officer of delegations associated with the role in a timely manner, due to receiving the Higher Duties Form late or after the officer had completed acting in the higher position.</p> <p>To ensure compliance with legislative obligations and that CWT is accountable for any decisions made, it is important to ensure that officers acting in higher duties are made aware of any delegations attached with the role.</p> |  | <p>To ensure that officers acting in higher / alternate duties are aware of any delegations attached with their positions, consider amending the process used with the 'Higher duties and mixed functions notifications form' to ensure that Governance receive copies of all forms in a timely manner.</p> <p>In addition, consider reminding or educating staff about their responsibilities when acting in higher positions. For example, it is their responsibility to fill out the higher duties form in a timely manner and to ensure that they are aware of any delegations attached to their acting positions.</p> |                | <p>Higher duties process is currently under review to improve efficiency involving Governance, Finance and HR.</p> <p>Governance provided higher duties awareness training approximately 18 months ago. This may be re-visited reflective of any process change.</p> |
|   |  | Management Response  |                | June 2016  |

| 2.6: Improving public access to the Delegations Register   |  | Risk Rating – Low  |   |             |
|--|--|--|---|-------------|
|  |  | Auditor  | Descriptor  | Consequence |
|  |  | Manager  | Organisational  | Minor       |
| Likelihood   |  |  |   | Unlikely    |
| Issues and Impact  |  | Recommendation/s   | Management Response   | Target Date |
| <p>Section 5.7 of <i>Council Policy: Delegations Process</i> outlines that 'a person is entitled to inspect the Delegation Register free of charge on the CWT website and also at the Civic Centre'. This register includes:</p> <ul style="list-style-type: none"><li>• Council Minuted Resolution approving the Delegations to the Head Delegate</li><li>• CEO Delegations Framework</li><li>• DAP Delegations Framework</li><li>• Subdelegation Framework</li><li>• Revocation and Instrument of Subdelegations Document.</li></ul> <p>Audit testing of the CWT website found:</p> <ul style="list-style-type: none"><li>• The CEO Delegations Framework, DAP Delegations framework and Subdelegation Framework were not published on the website.</li></ul> <p>Testing at the public computer at the Civic Centre found:</p> <ul style="list-style-type: none"><li>• The Council Minuted Resolution approving the Delegations to the Head Delegate &amp; also revocation and instrument of sub-delegations were not published</li><li>• The Delegations Frameworks from 2014 (as well as 2015) were accessible, and</li><li>• The Subdelegation Framework was not published.</li></ul> |  | <p>Ensure that all documents of the Delegations Register are made publicly available on both the CWT website and at the Civic Centre. This will enable public access and also ensure compliance with <i>Council Policy: Delegations Process</i>.</p> | <p>Complete - Documents have now been placed on the terminal in the service centre and website.</p> <p>Governance to consider amending this policy to remove this requirement (or at least amend to only include CEO and DAP delegations on website) in due course.</p> | Complete    |

## Appendix 1 Documents Considered

Documents considered during the audit are outlined below.

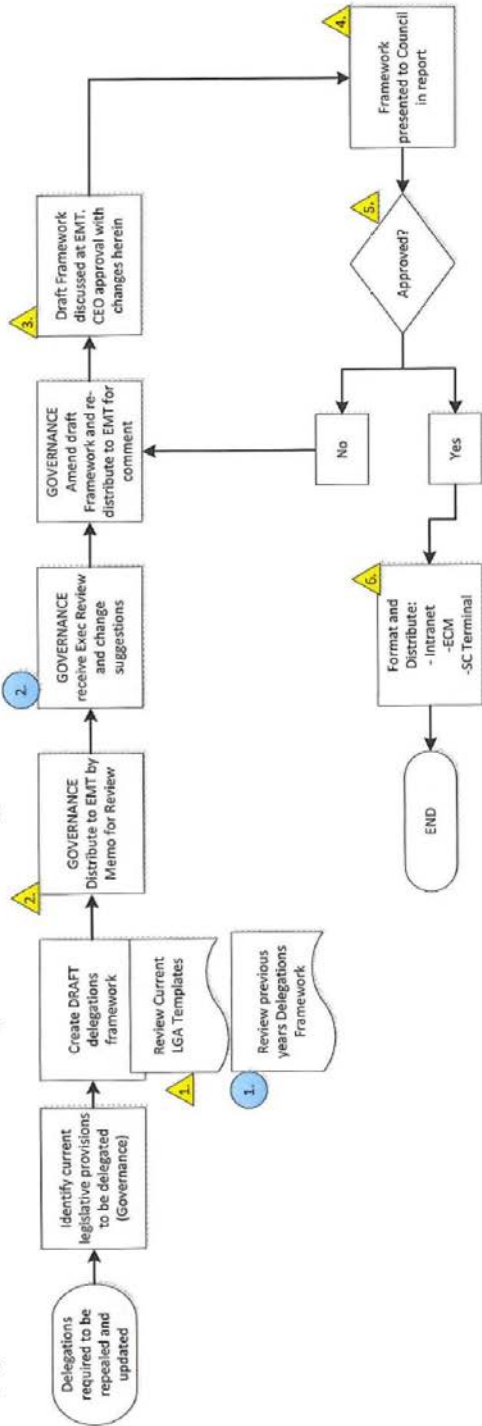
### Council documents:

- Council Policy: Delegations Process (due for review July 2016)
- Council Administration Policy: Higher Duties (due for review November 2016)
- Council Administration Policy: Subdelegations Process (due for review June 2016)
- Final CEO delegations framework
- Final subdelegations framework 2015
- Register of Interests register
- Higher duties and mixed functions notification form
- List of prescribed officers for register of interests
- Report of Action Item from Council Meeting 19 May 2015 – outlining revocations of 2014/15 delegations and implementation of new delegations for 2015/16
- Council document - Revocation and Instrument of Subdelegations 2015
- List of all staff that acted in positions of higher/mixed duties during 2014-15

### Other documents:

- Local Government Association: suite of documentation about delegations, including:
  - o Template delegation instruments for each Act with powers and functions that Council can delegate
  - o Documents for making subdelegations.
  - o Legislative requirements relating to delegations.
  - o Documentation available via: <https://www.lga.sa.gov.au/page.aspx?u=2781>

Appendix 2 Process Map - CEO Delegations

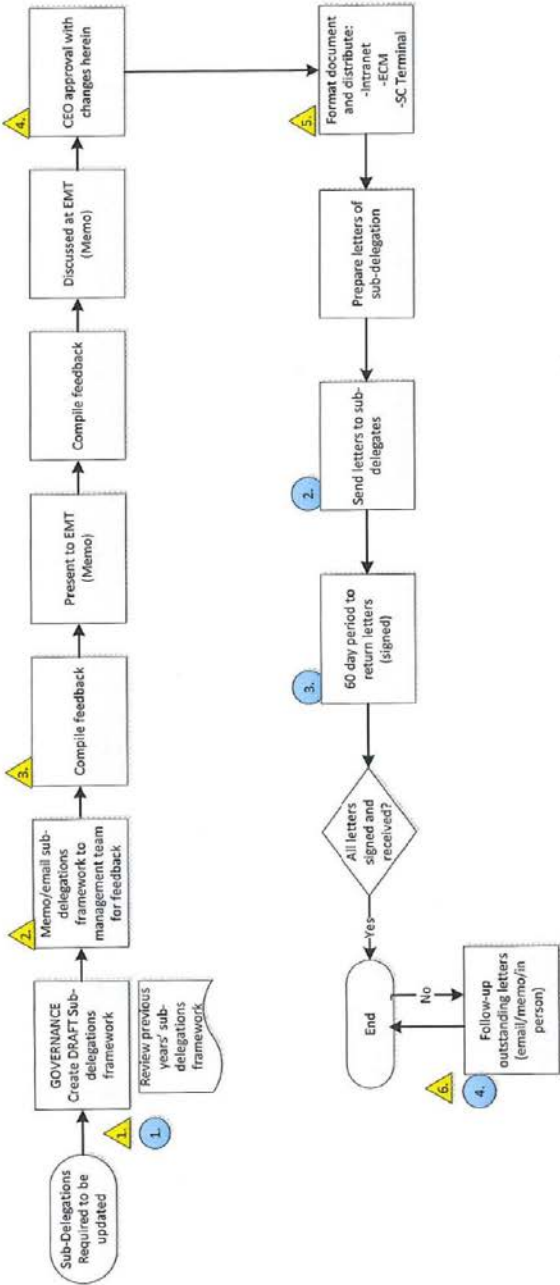


- Internal Controls**
- 1. LGA Guidance Templates are updated regularly to reflect legislative changes and associated delegations.
  - 2. First EMT review for accuracy
  - 3. Second EMT review of framework for accuracy
  - 4. Council review of proposed framework
  - 5. Approval mechanism
  - 6. Adherence to legislation – publically available information



- Internal Control Gaps**
- 1. Any errors from previous year's framework may be undetected and carried through.
  - 2. Process for updating Framework is manually intensive resulting in a risk of error.

Appendix 3 Process Map - Sub-Delegations



Internal Controls

1. Follows CEO Delegation Framework
2. First Review - by Management for accuracy
3. Second Review by EMT
4. CEO Review and approval
5. Adherence to legislation – publically available information
6. Evidence of staff pro-actively following up on unsigned letters

Internal Control Gaps

1. Any errors from previous year's sub-delegations framework may be undetected and carried through.
2. Transposition errors identified from manual process. Time intensive.
3. 60 days is an excessive amount of time to be finalising returns. Interviewees unable to clearly articulate when the Powers are enacted on signatures or date of letter.
4. Not all letters received as at 25 September, some 3 months after the process began. No consequences for failure to return letters of sub-delegations

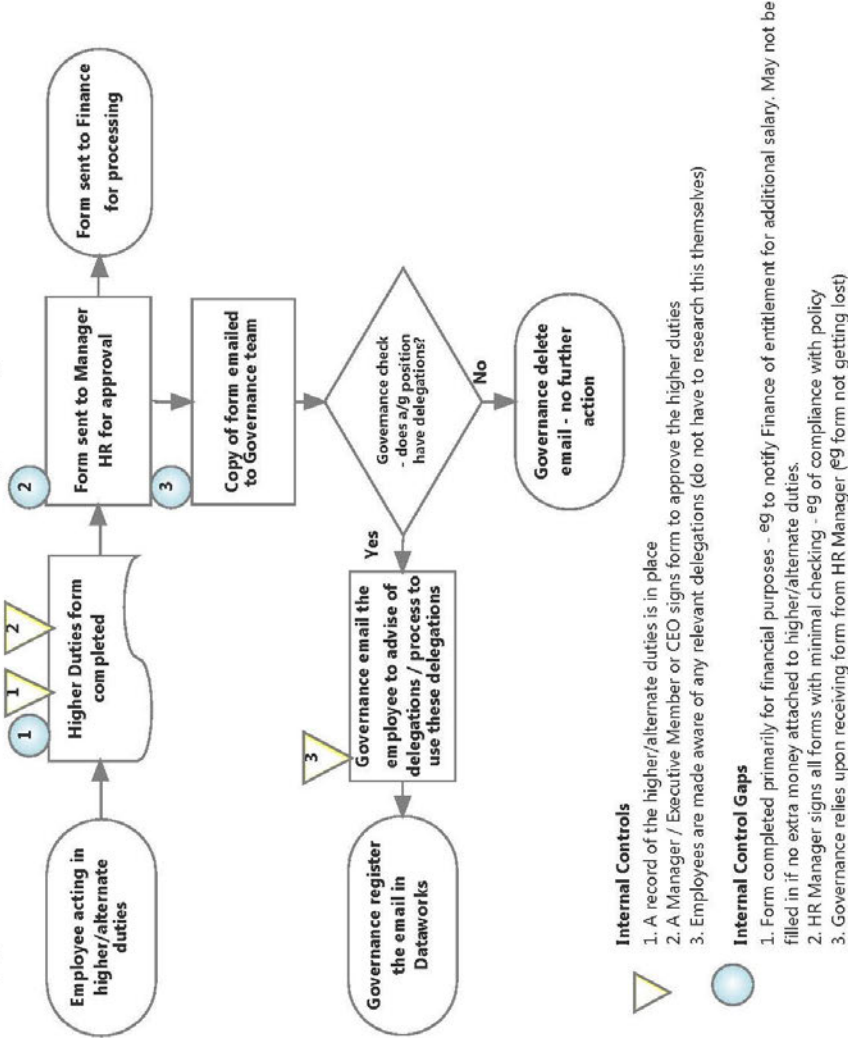
## Appendix 4 Errors identified in audit testing

The table below summarises minor errors identified during audit testing.

| Framework                 | Errors Identified   |
|---------------------------|---|
| CEO Delegations framework | <ul style="list-style-type: none"> <li>clause 33.11 under s.33 of the Development Act was left blank in error (not delegated);</li> <li>Instruments 10.2 and 10.7 of the Public Health Act were not included in the delegations framework in error (no record of whether delegated or left at Council level);</li> <li>some typing errors (for example, in titles of clauses); and</li> <li>some formatting errors that mean that writing shows up in an unreadable font – similar to the webdings font.</li> </ul>   |
| Sub-delegations Framework | <ul style="list-style-type: none"> <li>It is difficult to be able to identify any errors in clauses that are sub-delegated (or not sub-delegated). Sub-delegation is an internal decision and there is no complete record of the decisions whether to sub-delegate each power.</li> <li>Instruments 10.7 to 10.11 of the Public Health Act were not included in the delegations framework in error, and were also not included in the sub-delegations framework. Audit is unsure whether these clauses were omitted in error or on purpose.</li> </ul> <p><i>Development Act</i></p> <ul style="list-style-type: none"> <li>Clause 33.11 under s.33 of the Development Act was left blank in error (not delegated) and Audit unclear as to whether these clauses needed to be sub-delegated.</li> </ul>   |
| Sub-delegations letters   | <p><i>General comments</i></p> <ul style="list-style-type: none"> <li>The instrument section and the first sub-section immediately after is generally assigned to an individual position on the employee letter and but not specifically assigned in the Framework. This is consistent across all delegations audited.</li> </ul> <p><i>Development Act</i></p> <ul style="list-style-type: none"> <li>Instrument 47.3, section 84(2)(b) delegated specifically to positions in letters but not in the framework.</li> <li>Instrument 10.2, section 33(3) delegated in framework but not in letter to DCEO.</li> <li>Instrument 18.4, section 39(3)(b) assigned specifically to positions in letters but not in the framework.</li> <li>Instrument 1.1.1, section 6(3) assigned to Coordinator City Development - Planning in the letter but not assigned to that role in the framework.</li> <li>Instrument 18.5, delegate in framework but not in letter to Coordinator City Development - Planning, however the relevant sections section 39(6) &amp; 39(7a) remain delegated. In addition, section 39(9) is omitted in the letter (relating to instrument 18.17).</li> <li>Instrument 17.11, section 38(18) assigned to position Development Officer - Technician but not delegated to this position in the framework.</li> </ul> <p><i>Local Government Act 1934</i></p> |

| Framework | Errors identified  |
|-----------|--|
|           | <ul style="list-style-type: none"><li>Wrong act delegated to the position of General Manager Strategy and Community (GMS&amp;C) in the letter. The letter delegates the Local Government Act 1934 but the sections relate to the Local Government Act 1999. In addition the No limit spending provision attributed to the DCEO position is delegated to the GMS&amp;C in the letter but not in the framework due to formatting</li></ul> <p><i>Local Government Act 1999</i></p> <ul style="list-style-type: none"><li>Formatting issues in this framework which results in instruments, sections or limitation descriptions not being easily reconciled with sub-delegation letters due to an inconsistent excel format than with other acts.</li></ul> <p><i>Supported Residential Facilities Act 1992</i></p> <ul style="list-style-type: none"><li>Instrument 14.1 &amp; 14.2 delegated specifically to positions in letters but not in the framework.</li></ul> <p><i>Road Traffic (Miscellaneous) Regulations 2014</i></p> <ul style="list-style-type: none"><li>Instruments 6.1 &amp; 6.2, Regulation 6B(2) in the framework is erroneously stated as Reg 6(2) on all letters reviewed.</li></ul> <p><i>Road Traffic (Road Rules - Ancillary and Miscellaneous Provisions) Regulations 2014</i></p> <ul style="list-style-type: none"><li>The section number and wording of the limitation is inconsistent between the framework and the letters. The Framework quotes section 14(2)(c) while the letter quotes 17(2)(c).</li></ul> |

Appendix 5 Process Map – Acting in Higher Duties



### 9.3.3 Internal Audit Recommendation and Action Progress Report

#### Brief

This report presents progress against those internal audit recommendations that have been approved for actioning, as at 31 January 2016.

#### RECOMMENDATION(S)

It is recommended to the Audit and Risk Prescribed General Committee that this report be received.

#### Introduction

The Internal Audit Recommendation and Action Progress Report (Report) is presented on a six-monthly basis to the Audit and Risk Committee (Committee). This Report details the status of all internal audit recommendations that have been assessed as being within residual risk tolerance level of 'moderate or below and that have been approved for non-priority actioning (Actions).

#### Discussion

The Report for the period 1 August 2015 to 31 January 2016 is attached (**Attachment 1**).

At the commencement of this review period there were a total of forty-seven (47) actions approved for non-priority actioning. The status of these actions is summarised in the table below:

| Status                     | Number    |
|----------------------------|-----------|
| Not Started                | 15        |
| In Progress                | 23        |
| Complete                   | 9         |
| <b>Total Actions</b>       | <b>47</b> |
| <b>Outstanding Actions</b> | <b>38</b> |

Completed Actions are shown as bronze in **Attachment 1** with those Actions in-progress not shaded and those not started shown in yellow.

20% of the total actions were completed with good progress being made against the 23 that are in progress. Of the fifteen (15) actions not started, ten (10) are long term actions which are aligned to the next policy review date (which could be within the next four/five years). Of the twenty-three (23) actions in progress, fourteen (14) have exceeded/extended the original target date by greater than twelve months however, it is important to note that all of these actions are within the City of West Torrens' tolerance level and therefore non-completion of these actions results in no material impact on the risk exposure of the organisation.

#### Conclusion

The 6 monthly Internal Audit Recommendation Action Progress Report details the status of those internal audit recommendations that were approved for non-priority actioning of which 31 of the 47 are either complete or in progress.

ATTACHMENT 1

Internal Audit Recommendation and Action Progress Report

|    | Recommendation  | Management Response  | Responsible Officer   | Internal Audit Risk | CWT Risk        | Target/ Review Date                             | Status Update 31 Jan 2014  |
|----|---|--|---|---------------------|-----------------|---|--|
|    | <b>Asset Management</b>   |  |   |                     |                 |   |  |
| 1. | <p><u>Manual Reconciliation of Asset Revaluations</u></p> <p>In the context that no errors have been identified in the way Conquest performs the calculation, it is recommended that Council renegotiate with the external auditor to either stop re-performing the revaluation calculation, or to reduce the extent of the recalculation to a sample basis only.</p> <p>As a compensating check, inputs into the calculation such as asset dimensions should be reviewed for reasonableness, and the final revalued amounts should also be reviewed.</p> | <p><u>Manager Financial Services</u><br/>Agree</p> <p><u>Manager City Assets</u><br/>Agree with re calculation to a sample basis only.</p> | <p>Manager Financial Services &amp; Manager City Assets</p> | Better Practice     | Better Practice | <p>Sep 2013</p> <p>Jan 2013</p> <p>Oct 2015</p> | <p>Complete</p> <p>Recommendation was discussed with our external auditors this year and revised requirements agreed upon with sample calculations being provided.</p> |
| 2. | <p><u>Updating of Unit Rates in Conquest</u></p> <p>Request from Conquest the functionality to automatically upload in bulk Conquest "knowledge base" master file details such as unit rates, useful lives, etc.</p>  | Agree  | Manager City Assets   | Better Practice     | Better Practice | <p>Jun 2014</p> <p>Mar 2016</p>                 | <p>In Progress</p> <p>Still awaiting further advise from Conquest Solutions</p>  |

|             |             |          |
|-------------|-------------|----------|
| Not Started | In Progress | Complete |
|-------------|-------------|----------|

**Internal Audit Recommendation and Action Progress Report**

|    | Recommendation  | Management Response   | Responsible Officer      | Internal Audit Risk | CWT Risk        | Target/ Review Date  | Status Update 31 Jan 2014  |
|----|---|---|--------------------------|---------------------|-----------------|----------------------|--|
|    | <b>Building Inspection Agreed Action Report</b>   |   |                          |                     |                 |                      |  |
| 3. | <b><u>Inspection follow ups</u></b><br>An inspection register for swimming pools is created and maintained. Details in the register should be sufficient to manage and monitor the inspection of swimming pools within statutory time frames, monitor timing and progress of follow up inspections, and facilitate the follow up of notifications not received (see finding 2.6). | With the next upgrade of Pathway we will be able to add a component to the inspections workflow that upon recording an "unsatisfactory" inspection, Pathway will automatically program a future inspection and then send email reminders that it is due | Manager City Development | Moderate            | Moderate        | 2015<br>Dec 2016     | In Progress<br>This workflow is in the process of being built in partnership with the Information Services Department. |
| 4. | <b><u>Monitoring - owner-builder</u></b><br>Targets and statistics related to inspections of building work not being undertaken by a licensed building work contractor are communicated to building inspectors.   | This information is currently generated, reviewed and reported six monthly. The Manager will communicate with the Information Technology Team to facilitate a monthly report, in-line with the timing of other inspection reports.                      | Manager City Development | Better Practice     | Better Practice | Feb 2015<br>Dec 2016 | In Progress<br>On-going  |
| 5. | <b><u>Inspection requirements</u></b><br>Remove this inspection requirement from the policy (i.e. remove from part 11 "Appendix - Inspection Requirements Summary Table").  | Agree with recommendation, will include the recommendation at time of next Building Inspection Policy review  | Manager City Development | Better Practice     | Better Practice | Mar 2018             | Not Started<br>Policy scheduled for review March 2018  |

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| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

|    | Recommendation   | Management Response   | Responsible Officer        | Internal Audit Risk | CWT Risk        | Target/ Review Date             | Status Update<br>31 Jan 2014                                     |
|----|--|---|----------------------------|---------------------|-----------------|---------------------------------|--|
|    | Include this risk factor as a selection criteria in part 6.6.2 of the Building Inspection Policy.  |   |                            |                     |                 |                                 |  |
| 6. | <b><u>Inconsistencies between policy and practice</u></b><br>These inconsistencies between policy and actual practice are reviewed with a view to either amending the policy, or confirming that the policy reads as intended and amending practice. | The annual report, reports on the financial year, will include a recommendation to change the definition of year to financial year at time of next Building Inspection Policy review<br><br>The second dot point is incorrect, re-inspections are recorded in the Pathway system but are not "counted" in the inspection statistics | Manager City Development   | Better Practice     | Better Practice | Mar 2018                        | <b>Not Started</b><br><br>Policy scheduled for review March 2018 |
| 7. | <b><u>Recording Inspection Results</u></b><br>Consideration is given to the use of tablet technology to record inspection results in real time.<br><br>The cost-benefit of this technology would need to be carefully considered.                    | Currently trialling the use of tablets to enter inspection results directly into Pathway whilst performing inspections  | Manager City Development   | Better Practice     | Better Practice | <del>Dec 2015</del><br>Dec 2016 | <b>In Progress</b><br><br>On-going                               |
|    | <b><u>Credit Cards</u></b>   |   |                            |                     |                 |                                 |  |
| 8. | <b><u>Issuing of Credit Cards</u></b><br><br>This is monitored to ensure sufficient  | Consider modifying the requirement at next policy review.   | Manager Financial Services | Low                 | Better Practice | Oct 2017                        | <b>Not Started</b><br><br>No action considered                   |

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| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

|    | Recommendation   | Management Response   | Responsible Officer        | Internal Audit Risk | CWT Risk | Target/ Review Date | Status Update 31 Jan 2014                             |
|----|--|---|----------------------------|---------------------|----------|---------------------|---|
|    | time to receive, read and understand the Bank (Credit) Card Conditions of Use occurs.<br><br>Or<br><br>The Bank (Credit) Card Conditions of Use requirement is modified to remove the requirement to 'read' and 'understand'. This requirement could be captured in a new bullet point to mandate an agreement to comply with the requirements of the Bank Card Conditions of Use. | Assessed as Better Practice because ultimately the employee will be issued with the credit card terms and conditions when the card is presented.<br><br>This is assessed as a low risk therefore tolerable with the recommendations being better practice in nature Actions. Consequently, the recommended actions are not subject to priority actioning. |                            |                     |          |                     | necessary. To be considered at next policy review.    |
| 9. | <b><u>Reconciliation of cardholder agreements with the Credit Card Register</u></b><br><br>1. The special conditions listed on the Credit Card Register are reconciled against the individual card holder agreements and CEO approvals   | Consider implementing a new agreement each time a credit card expires and a new card is issued i.e. every 3 years. This will ensure reconciliation and currency of the credit card register.<br><br>This is assessed as a low risk  | Manager Financial Services | Low                 | Low      | Ongoing             | Not Started<br><br>To consider at next Policy review. |

|             |             |          |
|-------------|-------------|----------|
| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

|     | Recommendation  | Management Response  | Responsible Officer              | Internal Audit Risk | CWT Risk           | Target/ Review Date                  | Status Update<br>31 Jan 2014  |
|-----|---|--|----------------------------------|---------------------|--------------------|--------------------------------------|---|
|     | <p>2. Where the conditions are incorrect the credit card register should be updated.</p> <p>Cardholder agreements are completed if substantial change to the Policy otherwise a 5 year cycle and when subsequent (up dated) authorisation is given to alter card conditions and or limits.</p>  | therefore tolerable with the recommendations being better practice in nature<br>Actions. Consequently, the recommended actions are not subject to priority actioning.          |                                  |                     |                    |                                      |   |
| 10. | <p><b><u>Management of Information</u></b></p> <p>Consider improving the link between the Policy and the cardholder register by prescribing what information should be recorded.</p> <p>To facilitate s5.1.3 the register should include the DWX ID of, at a minimum, the current cardholder agreements.<br/>(Note - This information is largely available as part of the internal audit evidence).</p> | <p>1. Consider modifying the requirement at next policy review.</p> <p>2. Successful implementation of recommendation 3 would eliminate the need to record DWX ID numbers.</p> | Manager<br>Financial<br>Services | Better<br>Practice  | Better<br>Practice | <p>1. Oct<br/>2017</p> <p>2. N/A</p> | <p><b>Not Started</b></p> <p>To consider at next Policy review.</p> |

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|-------------|-------------|----------|
| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

|     | Recommendation  | Management Response   | Responsible Officer        | Internal Audit Risk | CWT Risk        | Target/ Review Date | Status Update<br>31 Jan 2014                                 |
|-----|---|---|----------------------------|---------------------|-----------------|---------------------|--|
|     | A consistent manner of ECM registration be applied with links to: Subject Index - Banking Matters (or consistent with recommendation 2.1) HR Employee Index - (Name of employee). Customer - CBA Credit Cards.  | 3. Roll-out a consistent approach to registration as new credit card agreements are entered into. |                            |                     |                 | 3.<br>Ongoing       |  |
| 11. | <b><u>Cardholder Expenditure Summary (Distribution and Return).</u></b><br><br>1. The Cardholder Expenditure Summary is modified to record, at a minimum, the date of authorisation. If this deadline is fundamental to good governance, then consideration is given to capturing all dates required to reconcile distribution/returns against Policy.<br><br>2. Policy is either enforced to ensure compliance with the Policy or and perhaps <u>more appropriately</u> , this requirement is amended to a more achievable deadline. | Consider modifying the requirement at next policy review.   | Manager Financial Services | Better Practice     | Better Practice | Oct 2017            | <b>Not Started</b><br><br>To consider at next Policy review. |

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| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

|                | Recommendation   | Management Response   | Responsible Officer        | Internal Audit Risk | CWT Risk        | Target/ Review Date                        | Status Update<br>31 Jan 2014  |
|----------------|--|---|----------------------------|---------------------|-----------------|--|---|
|                | For example replacing the specific day measures with the term 'reasonable' and defining reasonable within the Policy.  |   |                            |                     |                 |  |   |
| 12.            | <u>Better Practice Recommendation Related to Policy</u><br>Various Better Practice Recommendations as outlined in the better practice table  | Consider modifying the requirement at next policy review.   | Manager Financial Services | Better Practice     | Better Practice | Oct 2017                                   | <b>Not Started</b><br>To consider at next Policy review.  |
| <b>Debtors</b> |  |   |                            |                     |                 |  |   |
| 13.            | <u>Lack of verification to ensure completeness and accuracy of fees and charges applied</u><br>It is recommended that City Assets that a process be implemented by the Manager City Assets (in consultation with Financial Services) for the review and reconciliation of amounts charged for event and function bookings to ensure fees and charges applied are in accordance with the approved schedule. | A process will be developed and implemented for the review and reconciliation of amounts charged for event and function bookings to ensure fees and charges applied are in accordance with the approved schedule. | Manager City Assets        |                     |                 | Sep 2013<br><del>Mar 2013</del><br>Ongoing | <b>In Progress</b><br>Cummins House booking module has been developed. Finance Department is testing the module and anticipate its activation during February 2016. |

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| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

|     | Recommendation  | Management Response  | Responsible Officer    | Internal Audit Risk | CWT Risk | Target/ Review Date | Status Update 31 Jan 2014   |
|-----|---|--|------------------------|---------------------|----------|---------------------|---|
|     | Delegations and Register of Interests   |  |                        |                     |          |                     |   |
| 14. | Develop a cost-benefit analysis to confirm CWT's preferred approach to administering delegations. This should determine whether CWT will: <ul style="list-style-type: none"> <li>continue with the current approach of using the Governance team to develop and update the delegations frameworks (with some process efficiencies discussed in the following recommendation), and/or</li> <li>consider implementation of a system aimed at automating the delegations and sub-delegations process.</li> </ul> | An automated electronic system licence purchased for the creation and update of delegations and sub-delegations to ensure better accuracy and reduce the risk of errors.   | Team Leader Governance | Low                 | Low      | Jan 2016            | In Progress<br>New system purchased and implementation in progress.                             |
| 15. | Update the delegations framework to ensure that errors identified in audit testing (relating to the Development Act and Public Health Act) are rectified.   | Risk assessed as low and errors to be amended at next delegations review. However, new external delegations system being implemented as per 2.1 above. System has 'track changes' function so amendments are clearly | Team Leader Governance | Low                 | Low      | Jan 2016            | In Progress<br>CEO delegations review in progress with errors being corrected using new system. |

|             |             |          |
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| Not Started | In Progress | Complete |
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Internal Audit Recommendation and Action Progress Report

| Recommendation   | Management Response  | Responsible Officer    | Internal Audit Risk | CWT Risk | Target/ Review Date | Status Update<br>31 Jan 2014   |
|--|--|------------------------|---------------------|----------|---------------------|--|
|  | <p>traceable.</p> <p>CEO delegations report to council to provide mention of any legislation that is available for delegation but has not been delegated (or removed from CEO delegations) to CEO to provide complete review of all delegations.</p> |                        |                     |          |                     |  |
| <p>16. <u>Update the sub-delegations framework to ensure that errors identified in audit testing are rectified.</u></p> <p>In addition, ensure that the errors identified in letters sent to sub-delegates are addressed.</p> <p><i>(Note: Audit considers that if any of the issues identified are of a minor or inconsequential nature, it is sufficient to document that no further action is needed in these instances).</i></p> | <p>While no further action is required, the implementation of an automated electronic system has commenced which ensures a higher level of accuracy and reduces the risk of future errors.</p>   | Team Leader Governance | Low                 | Low      | Mar 2016            | <p>In Progress</p> <p>CEO delegations review in progress with errors being corrected using new system.</p> |

|             |             |          |
|-------------|-------------|----------|
| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

| Recommendation  | Management Response  | Responsible Officer    | Internal Audit Risk | CWT Risk | Target/ Review Date | Status Update 31 Jan 2014   |
|---|--|------------------------|---------------------|----------|---------------------|---|
| <p>17. <u>To shorten the delay in enacting sub-delegations, Governance should consider:</u></p> <ul style="list-style-type: none"> <li>• shortening the timeframe for return of signed letter, or</li> <li>• changing the letter to advise staff that the new delegations are effective from a defined date, eliminating the need for signed acceptance of each letter.</li> </ul> <p>In addition, to improve the efficiency/ reduce the risk of error when manually creating letters, consider streamlining this process by:</p> <ul style="list-style-type: none"> <li>• Sending generalist letters or emails that direct staff to view their sub-delegations on the approved sub-delegation framework. This would eliminate the need to tailor letters, or</li> </ul> <p>Sending letters to each sub-delegate, but attaching a filtered list from the sub-delegations framework relevant to each person. This would reduce the need to manually transcribe details between the</p> | <p>New automated system renders this recommendation obsolete.</p> <p>Process amendments to be considered in next Delegations review.</p> | Team Leader Governance | Moderate            | Moderate | Mar 2016            | <p>In Progress</p> <p>New system to correct this. Implementation in progress.</p> |

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| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

|     | Recommendation  | Management Response   | Responsible Officer                                  | Internal Audit Risk | CWT Risk | Target/ Review Date             | Status Update 31 Jan 2014  |
|-----|---|---|--|---------------------|----------|---------------------------------|--|
|     | framework and letter.   |   |  |                     |          |                                 |  |
| 18. | <u>To ensure that officers acting in higher / alternate duties are aware of any delegations attached with their positions, consider</u><br><br>Amending the process used with the 'Higher duties and mixed functions notifications form' to ensure that Governance receive copies of all forms in a timely manner.<br><br>In addition, consider reminding or educating staff about their responsibilities when acting in higher positions. For example, it is their responsibility to fill out the higher duties form in a timely manner and to ensure that they are aware of any delegations attached to their acting positions. | Higher duties process is currently under review to improve efficiency involving Governance, Finance and HR.<br><br>Governance provided higher duties awareness training approximately 18 months ago. This may be re-visited reflective of any process change. | Team Leader Governance & Manager HR & Service Centre | Moderate            | Moderate | Jun 2016                        | Complete<br><br>Higher duties form is now web based ensuring that Governance receives the form as quick as possible. |
| 19. | <u>Expiation of Offences Act 1996</u><br><u>That Council amend the following Policies and Standard Operating Guidelines to reflect relevant changes to the EO Act.</u>  | Change policy as part of review   | Manager Regulatory Services                          | Moderate            | Moderate | <del>Sep 2015</del><br>Mar 2016 | In Progress<br><br>Policy is currently being reviewed and is expected to be presented to the March 2016 meeting of   |

|             |             |          |
|-------------|-------------|----------|
| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

| Recommendation   | Management Response               | Responsible Officer | Internal Audit Risk | CWT Risk | Target/ Review Date | Status Update<br>31 Jan 2014   |
|--|-----------------------------------|---------------------|---------------------|----------|---------------------|--|
| <p><u>Expiation Notice Review Policy</u></p> <ul style="list-style-type: none"> <li>Paragraph 5.3.4 – references to the Fines Payment Unit of the Courts Administration Authority and the Registrar of the Magistrates Court or Youth Court must be updated to refer to the Fines Enforcement and Recovery Officer.</li> <li>Paragraphs 5.4.1, 5.4.2, 5.5.1 and 5.5.2 – references to the court must be updated to refer to the Fines Enforcement and Recovery Officer and updated to reflect the new legislative process.</li> </ul> <p><u>Standard Operating Guideline 3</u></p> <ul style="list-style-type: none"> <li>Paragraph 5.2 – Table must be updated to refer to the new legislative provisions.</li> <li>Paragraph 6.4 – paragraph and flow-chart must be updated to refer to new legislative provisions and the referral to the Fines Enforcement and Recovery Officer.</li> <li>Paragraph 6.6 – paragraph must be</li> </ul> | Change SOGs as per recommendation |                     |                     |          |                     | <p>the CPPP.</p> <p>Policy is currently being reviewed and is expected to be presented to the March 2016 meeting of the CPPP. The changes made during the review may have an impact on the recommendation.</p> |

|             |             |          |
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| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

| Recommendation  | Management Response                      | Responsible Officer | Internal Audit Risk | CWT Risk | Target/ Review Date | Status Update<br>31 Jan 2014  |
|---|--|---------------------|---------------------|----------|---------------------|---|
| <p>updated to refer to new legislative provisions and the referral to the Fines Enforcement and Recovery Officer.</p> <ul style="list-style-type: none"> <li>Template Expiation Notices, Reminder Notices, Enforcement Warning Notices, Final Notice and court forms are outdated and must be replaced to reflect documents currently in use (as recommended to be amended by this Report).</li> </ul> <p><u>Standard Operating Guideline 5</u></p> <ul style="list-style-type: none"> <li>Paragraph 4.2 – Table must be updated to refer to the new legislative provisions.</li> <li>Paragraph 6.6 – paragraph must be updated to refer to new legislative provisions and the referral to the Fines Enforcement and Recovery Officer.</li> <li>Template Expiation Notices, Reminder Notices, Enforcement Warning Notices, Final Notice and court forms are outdated and must be replaced to reflect documents</li> </ul> | <p>Change SOGs as per recommendation</p> |                     |                     |          |                     | <p>Policy is currently being reviewed and is expected to be presented to the March 2016 meeting of the CPPP. The changes made during the review may have an impact on the recommendation.</p> |

|             |             |          |
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| Not Started | In Progress | Complete |
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Internal Audit Recommendation and Action Progress Report

|     | Recommendation   | Management Response                 | Responsible Officer         | Internal Audit Risk | CWT Risk | Target/ Review Date  | Status Update 31 Jan 2014  |
|-----|--|-------------------------------------|-----------------------------|---------------------|----------|----------------------|--|
|     | currently in use (as recommended to be amended by this Report).  |                                     |                             |                     |          |                      |  |
| 20. | <u>That Council amend the following Standard Operating Guideline to reflect relevant changes to legislation:</u><br><br><u>Standard Operating Guideline 1</u><br>Paragraph 4.1.6 should be updated to refer to the new Employee Code of Conduct and the mandatory reporting requirements related to misconduct, maladministration and corruption arising under the Guidelines issued under <i>Independent Commissioner Against Corruption Act 2012</i> . | Change SOGs as per recommendation   | Manager Regulatory Services | Low                 | Low      | Jan 2015<br>Mar 2016 | <b>In Progress</b><br><br>Policy is currently being reviewed and is expected to be presented to the March 2016 meeting of the CPPP. The changes made during the review may have an impact on the recommendation. |
| 21. | <u>Council amends the Expiration Notice Review Policy to include reference to the:</u><br><br>• <i>Australian Road Rules</i> ; and<br><i>Private Parking Areas Act 1986</i> .  | Change Policy as per recommendation | Manager Regulatory Services | Low                 | Low      | May 2015<br>Mar 2016 | <b>In Progress</b><br><br>Policy is currently being reviewed and is expected to be presented to the March 2016 meeting of the CPPP. The changes made during the review may have an impact on the recommendation. |

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| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

|     | Recommendation  | Management Response  | Responsible Officer      | Internal Audit Risk | CWT Risk | Target/ Review Date | Status Update 31 Jan 2014                                   |
|-----|---|--|--------------------------|---------------------|----------|---------------------|---|
| 22. | <p><u>Liquor Licence Act 1997</u></p> <p><u>Intervention by Council in proceedings before the licensing authority under Section 76 of the LL Act.</u></p> <p>The Council amend its Liquor Licensing Policy to clarify:</p> <ul style="list-style-type: none"> <li>the broad nature of its power of intervention under Section 76A of the LL Act;</li> <li>the circumstances under which it will be exercised; and</li> <li>the situations where the Council will seek to gather and adduce evidence or make representations in respect of questions before the authority.</li> </ul> <p>Such amendments should:</p> <ul style="list-style-type: none"> <li>have regard to the requirements that the licensing authority must be satisfied of before granting a licence provided for in Sections 57, 60, 68</li> </ul> | At the time of the next Liquor Licensing Policy review, we will ensure that the recommendations are factored in. | Manager City Development | Moderate            | Moderate | Nov 2016            | Not Started<br>Policy Review is scheduled for November 2016 |

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| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

| Recommendation  | Management Response | Responsible Officer | Internal Audit Risk | CWT Risk | Target/ Review Date | Status Update<br>31 Jan 2014 |
|---|---------------------|---------------------|---------------------|----------|---------------------|------------------------------|
| <p>and 68 of the LL Act respectively;</p> <ul style="list-style-type: none"> <li>indicate the circumstances under which the Council will undertake internal consultation (i.e. with the Mayor, relevant Elected Members and Senior Staff) in respect of applications other than Limited Licence Applications;</li> <li>indicate the triggers that would require a report to be prepared for consideration by full Council;</li> <li>indicate the circumstances under which the Council will undertake external consultation with the community or other stakeholders in order to inform itself as to the matters listed in Sections 57, 60, 68 and 68 of the LL Act (where relevant) and the types of consultation that may be considered;</li> <li>detail any external/internal evidence/record gathering activity that can/should be undertaken in</li> </ul> |                     |                     |                     |          |                     |                              |

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|-------------|-------------|----------|
| Not Started | In Progress | Complete |
|-------------|-------------|----------|

**Internal Audit Recommendation and Action Progress Report**

| Recommendation   | Management Response | Responsible Officer | Internal Audit Risk | CWT Risk | Target/ Review Date | Status Update<br>31 Jan 2014 |
|--|---------------------|---------------------|---------------------|----------|---------------------|------------------------------|
| <p>respect of applications including review of the Council's development approval database and Local Government Act permit/approval database or attendance at premises for on-site inspections;</p> <ul style="list-style-type: none"> <li>confirm the Council's role in maintaining and pursuing objections before the licensing authority where appropriate planning, local government or its landlord consent is not provided with reference to the matters listed in Sections 57, 60, 68 and 68 of the LL Act;</li> <li>provide guidance to the Council's delegate as to when applications can be conciliated, or where applications must be pursued to full hearing/appeal.</li> </ul> <p>Council could also develop a procedure and/or flow-chart to document its intervention processes under Section 76A of the LL Act instead of, or in addition to, making the suggested amendments to its Policy.</p> |                     |                     |                     |          |                     |                              |

|             |             |          |
|-------------|-------------|----------|
| Not Started | In Progress | Complete |
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**Internal Audit Recommendation and Action Progress Report**

|     | Recommendation   | Management Response   | Responsible Officer      | Internal Audit Risk | CWT Risk | Target/ Review Date | Status Update 31 Jan 2014                                       |
|-----|--|---|--------------------------|---------------------|----------|---------------------|---|
| 23. | <p><u>Complaints about noise etc emanating from licensed premises.</u></p> <p>The Council amend its Liquor Licensing Policy to clarify:</p> <ul style="list-style-type: none"> <li>the broad nature of its power of complaint under Section 106 of the LL Act;</li> <li>the circumstances under which it will be exercised.</li> </ul> <p>Such amendments should:</p> <ul style="list-style-type: none"> <li>have regard to the circumstances provided for in Section 106(1)(a) and (b) that activate the Council's power to make a complaint;</li> <li>provide for thresholds or indicia to assist in the determination as to whether a complaint should be made under the Section;</li> <li>provide for consultation with South Australia Police, as another authority with power to lay such a</li> </ul> | <p>At the time of the next Liquor Licensing Policy review, we will ensure that the recommendations are factored in.</p> | Manager City Development | Moderate            | Moderate | Nov 2016            | Not Started<br><br>Policy Review is scheduled for November 2016 |

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| <p>complaint;</p> <ul style="list-style-type: none"> <li>indicate the circumstances under which the Council will undertake internal consultation with senior staff or refer the matter to full Council before commencement;</li> <li>detail any external/internal evidence/record gathering activity that can/should be undertaken before a complaint is made;</li> <li>provide guidance to the Council's delegate as to when applications can be conciliated, or where applications must be pursued to full hearing/appeal;</li> <li>indicate the types of orders or additional conditions that could be sought by the Council in order to resolve any conciliation or upon the finalisation of any hearing</li> </ul> <p>Council could also develop a procedure and/or flow-chart to document its processes under Section 106 of the LL Act and the grounds under which</p> |                     |                     |                     |          |                     |                              |

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**Internal Audit Recommendation and Action Progress Report**

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|     | complaints may be made.  |  |                          |                     |          |                     |   |
| 24. | <p><u>Disciplinary action before the Court.</u></p> <p>The Council amend its Liquor Licensing Policy to clarify:</p> <ul style="list-style-type: none"> <li>the nature of its power of complaint under Section 120 of the LL Act;</li> <li>the circumstances under which it will be exercised.</li> </ul> <p>Such amendments should:</p> <ul style="list-style-type: none"> <li>have regard to the relevant circumstances provided for in Section 119(1) (b)(ii), b(iii), (b)(iv), (b)(v), (b)(viii), (d)(ii), (d)(iv), (d)(iv) or (e) that activate the Council's power to make a complaint;</li> <li>provide for thresholds or indicia to assist in the determination as to whether a complaint should be made under the Section;</li> </ul> | At the time of the next Liquor Licensing Policy review, we will ensure that the recommendations are factored in. | Manager City Development | Moderate            | Moderate | Nov 2016            | Not Started<br>Policy Review is scheduled for November 2016 |

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| <ul style="list-style-type: none"> <li>provide for consultation with South Australia Police or the Commissioner, as other authorities with power to lay such a complaint;</li> <li>indicate the circumstances under which the Council will undertake internal consultation with senior staff or refer the matter to full Council before commencement;</li> <li>detail any external/internal evidence/record gathering activity that can/shoud be undertaken before a complaint is made;</li> <li>indicate the types of orders or additional conditions that could be sought by the Council under Section 121 of the LL Act upon the finalisation of any hearing.</li> </ul> <p>Council could also develop a procedure and/or flow-chart to document its processes under Section 120 of the LL Act and the grounds under which complaints may be made.</p> |                     |                     |                     |          |                     |                              |

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|-----|---|---|--------------------------------------|---------------------|----------|---------------------|---|
|     | <b>Procurement Roadmap - Continuous Audit (Stage 1)</b>   |   |                                      |                     |          |                     |   |
| 25. | <b><u>Draft Procurement Policy</u></b><br>Consider including a requirement in the draft procurement policy for acquisition plans to be developed prior to conducting a procurement exercise, for example for high risk and/or high value procurement. This may assist in ensuring that procurement is transparent, rigorously planned, scoped and approved prior to market approach. Inclusion of this requirement must be balanced against efficiency considerations and CWT's other existing methods for approving procurement. | Agree with the recommendation, Acquisition strategies to be developed for high value procurements. It is anticipated a position will be implemented within 12 months. | Senior Strategic Procurement Officer | Moderate            | Moderate | Feb 2016            | <b>In Progress</b><br>New procurement policy in place. The reference to the acquisition plan requirement has been left out until consultation with end users has been undertaken. |
| 26. | <b><u>Draft Procurement Policy</u></b><br>Clarify or strengthen requirements in the draft procurement policy around documentation and approval requirements when exemptions from the policy are required in approaching the market. For example, what approval  | Agree with the recommendation. Need to determine appropriate mechanism for implementing so as to minimise the administrative effort.                                  | Senior Strategic Procurement Officer | Moderate            | Moderate | Sept 2015           | <b>In Progress</b><br>Vendor Panel unable to include the approval process. Consideration being given to how this can be achieved without creating additional documentation        |

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|     | <p>(if any) is required when officers wish to:</p> <ul style="list-style-type: none"> <li>enter into direct negotiation with a supplier instead of releasing a Request for Tender</li> <li>obtain a reduced number of quotes than the standard</li> <li>use an alternative procurement method than that identified in the policy</li> <li>etc.</li> </ul> <p>This will assist in demonstrating probity in line with ICAC requirements.</p> |   |                                      |                     |                 |                     | requirements.   |
| 27. | <p><b><u>Draft Procurement Policy</u></b></p> <p>To strengthen the CWT's draft procurement policy, consider:</p> <ul style="list-style-type: none"> <li>including guidance on contract variations, and</li> </ul> <p>including guidance on use of contingency funding.</p>   | <p>Risk ratings do not determine the procurement method to be used. They inform the document type ie. conditions of contract. Agree with including guidance on variations/contingencies in policy. Not inclined to include a requirement for lessons learned in a policy document</p> | Senior Strategic Procurement Officer | Minor               | Better Practice | Jan 2016            | Complete<br>Procurement policy completed and approved and includes process for managing variations. |

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|  |  | but may include on the intranet as a good practice guideline.   |                                      |                     |          |                               |   |
| 28.  | <b><u>Tendering Policy</u></b><br>Develop procedural guidelines for staff on how to conduct the tendering process. This will ensure strong probity in tendering activities and help to avoid a situation where the organisation is unable to support a tender decision.                | Agree with the recommendation. Process is the subject of a continuous improvement project including electronic tendering options.                               | Senior Strategic Procurement Officer | Moderate            | Moderate | Consider solution by Sep 2015 | Complete<br>Vendor Panel implemented and most staff trained. Tender box access to be restricted.  |
| 29.  | <b><u>Purchase Orders</u></b><br>Publish the CWT's terms and conditions for low value purchases on an internet site. Include a link to this site on all Purchase Orders.<br><br>Remind staff of the importance of providing suppliers with a complete listing of terms and conditions. | Agree with the recommendation, this is low risk when assessed against the CWT Risk Matrix (likelihood & consequence) and will be actioned within twelve months. | Senior Strategic Procurement Officer | Moderate            | Low      | Mar 2016                      | Not Started<br>It is intended that a contractor portal be established on the CWT website which will include all relevant documents including terms and conditions, contractor management, links to VendorPanel etc. |
| <b>Property Lease and Licence Management</b> |  |   |                                      |                     |          |                               |   |
| 30.  | <b><u>Absence of documented policy and procedure for the management of property leases and licences.</u></b><br>It is recommended that the council   | Draft policy and documents to be presented to Council for approval<br><br>Initial meeting convened with   | Manager City Assets                  |                     |          | Aug 2013<br><br>Feb 2016      | In Progress<br><br>Finalising Standard Operating Guideline document.  |

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|     | documents the process and controls in relation to property lease and licence management including, but not limited to, the following: <ul style="list-style-type: none"> <li>• Entering into new lease or licence agreements</li> <li>• Renewing lease or licence agreements</li> <li>• Recording leases and licences</li> <li>• Resolving disputes in relation to lease or licence</li> <li>• Invoicing lease and licence holders</li> <li>• Reporting of information between City Assets, Financial Services and Management. Managing the Lease and licence register.</li> <li>• Providing templates for the preparation of agreements</li> </ul> Storing lease and licence agreements in a secure location. | Senior Property Assets Advisor, Manager City Assets and General Manager City Assets to consider fundamental outcomes/principles being sought from the leasing and licensing of properties owned by CWT. |                     |                     |          |                          |  |
| 31. | <b><u>Absence of policy and procedure and supporting documentation to ensure the compliance of lessees with leases</u></b><br><br>The council documents the process and controls in relation to ensuring compliance by lessees with lease  | Policy and documentation (if applicable) to be presented to Council for approval<br><br>Initial meeting convened with Senior Property Assets Advisor, Manager City Assets and General Manager Urban     | Manager City Assets |                     |          | Aug 2013<br><br>Jun 2016 | In Progress<br><br>Leasing information will be reconciled into Pathway commencing quarter 3 as the primary register. |

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| agreements and maintains a register of supporting documentation to support the follow up of lessees. | <p>Services to consider fundamental outcomes/principles being sought from the leasing and licensing of properties owned by CWT.</p> <p>Much of the initial work undertaken by the new incumbent involved gaining an appreciation of the various leases, terms and conditions, tenure etc, and development of a temporary lease/licence register to enable reconciliation with the existing debtor system held in pathway and confirm lease/licence commencement and expiry dates, responsibility for outgoings etc. Administration is still in the process of evaluating a number of options for a long term property register and is seeking to develop linkages between this document and other corporate information portals/products (e.g. Community land Register.</p> |                     |                     |          |                     |                              |

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|                | <p>Asset Register, finance system, GIS etc)</p> <p>At a recent training session it was noted that a property (lease/licence) module is contained within the Pathway suite that Council has purchased.</p> <p>A familiarisation session is to be requested with the product vendor to enable evaluation of the module and to determine whether it may be suitable for use with Council's corporate lease/property system</p> <p>Against this background also bear in mind that, as indicated, specific software packages which have been developed /are being used for specific tasks and will continue to be used to address those tasks e.g. Conquest (asset management). The "challenge" may be functional/effective integration</p> |                     |                     |          |                     |                              |

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|   | of those various packages.   |  |                     |          |                     |  |
| <p><b>32. <u>Multiple property lease and licence registers</u></b></p> <p>Council implements a strategy for the maintenance of a single lease and licence register. Importantly, whilst this register may pull data from multiple integrated systems (e.g. Pathway and Conquest) each piece of data should be entered into only one database.</p> | <p>Much of the initial work undertaken by the new incumbent involved gaining an appreciation of the various leases, terms and conditions, tenure etc, and development of a temporary lease/licence register to enable reconciliation with the existing debtor system held in pathway and confirm lease/licence commencement and expiry dates, responsibility for outgoings etc. Council is still in the process of evaluating a number of options for a long term property register and is seeking to develop linkages between this document and other corporate information portals/products (e.g. Community Land Register, Asset Register, finance system, GIS etc)</p> <p>Council has satisfied its</p> | Manager City Assets & Manager Financial Services |                     |          | Mar 2016            | In Progress<br>Register in Pathway is currently being audited. |

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|                | <p>legislative requirements in identifying and reporting those parcels of land that are leased and held on the community land register.</p> <p>At a recent Pathway training session it was noted that a property (lease/licence) module is contained within the Pathway suite that Council has purchased.</p> <p>A familiarisation session is to be requested with the product vendor to enable evaluation of the module and to determine whether it may be suitable for use with Council's corporate lease/property system. Against this background also bear in mind that, as indicated, specific software packages which have been developed /are being used for specific tasks and will continue to be used to address those tasks e.g. Conquest (asset management). The "challenge</p> |                     |                     |          |                     |                              |

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|     |  | may be functional/effective integration of those various packages.<br>It was always Councils intention to undertake a reconciliation of the systems that were being utilised/developed with some reconciliations having already occurred. |                     |                     |          |                                      |   |
|     | <b>Property Maintenance</b>  |   |                     |                     |          |                                      |   |
| 33. | <b><u>Planning and Prioritisation of Maintenance Work</u></b><br>A prioritised, proactive maintenance plan should be developed and documented, including methodology and reasoning for prioritisations.<br>The GHD report is a suitable starting point for developing this plan.<br>Consideration should be given to the need for additional short term resources to assist the Property Services team/Assets team to develop this plan.<br>The use of technology to assist in the | Agree with recommendation, Moderate risk so implement prior to 01 July 2015.<br><br>This gives 12 months of data to be analysed and incorporated into a preventative and reactive maintenance plan.                                       | Manager City Works  | Moderate            | Moderate | Jul 2015<br>Ongoing from August 2015 | <b>Not Started</b><br><br>The Procurement Panel for Minor Building Works and Trades Panel is nearly complete and has resulted in new contractor contracts and inductions.<br><br>Planned maintenance will occur in stages following completion of the procurement process with air-conditioning being the first preventative maintenance agreement to be developed. |

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|     | development of a maintenance plan, such as the 'Advanced Asset Management System' forecast in the Buildings Infrastructure Asset Management Plan 2012 should also be investigated.  |  |                     |                     |          |  |  |
| 34. | <b><u>Tracking and Monitoring of Maintenance Work Performed</u></b><br><br>To ensure that all requested maintenance is actioned, a process to review and action any outstanding requests in the Pathways system is implemented.<br><br>Consideration should be given to utilising new technologies to track maintenance, as envisaged by the Buildings Infrastructure Asset Management Plan 2012. | To be implemented at approximately six months after recommendation one 'planning and prioritising' works are complete.                                     | Manager City Works  | Moderate            | Moderate | Jan 2016<br><br>Ongoing from August 2015 | <b>In Progress</b><br><br>Pathway dashboard is now operation and used to monitor and control overdue property requests.<br><br>Formalised process to be recorded in the coming months. |
| 35. | <b><u>Policies and Procedures</u></b><br><br>Procedural documentation to guide the Property Services team in ongoing property maintenance work is developed.  | Agree with recommendation, Moderate risk so implement prior to 01 July 2015.<br><br>Policies and procedures should feed into the preventative and reactive | Manager City Works  | Moderate            | Moderate | Jul 2015<br><br>Dec 2015                 | <b>Not Started</b><br><br>Finding is within risk tolerance and is not a priority of actioning.<br>Review date extended to December 2015.   |

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|     |  | maintenance planning.   |                     |                     |          |                      |  |
| 36. | <u>Policies and Procedures (sub-finding)</u><br>Review the Asset Management Policy.  | Agree with recommendation, Moderate risk so implement prior to 01 July 2015.  | Manager City Works  | Moderate            | Moderate | Mar 2019             | <b>Not Started</b><br>Finding is within risk tolerance therefore review at next scheduled policy review in March 2019.   |
| 37. | <u>Checks of Contractors' Work</u><br>Implement a sample-based approach for checking whether contractors have done the work that they have been requested to do to an acceptable standard.<br><br>This check is not intended to be onerous, but rather a small number of regular checks to provide assurance that contractors are fulfilling their obligations. As an indication, it could include 3-5 checks of each major contractor per quarter, with further checking if issues are identified. Results of the checks should be formally, but briefly, documented. | Property Service staff will participate in the planned 'reference group' of the Procurement Road Map. Stage 1 - improved monitoring and inductions to occur by Dec 2014 and ensure usage of any new documents and templates.<br><br>Stage 2 - performance monitoring to coincide with recommendation 2.2. | Manager City Works  | Moderate            | Moderate | Dec 2014<br>Jun 2016 | <b>In Progress</b><br><br>The Procurement Panel for Minor Building Works and Trades Panel is nearly complete and has resulted in new contractor contracts and inductions.<br><br>The procurement monitoring process will be followed with all new contractors. |

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|     | <b>Risk Management Controls Verification</b>   |   |  |                     |          |                      |   |
| 38. | <u>Operational Risk Register - Control Descriptions</u><br>Provide guidance re the appropriate levels of detail and evidence, including examples (see appendix A)<br><br>Existing risk management training has provided a mature understanding of the risk assessment phase (identification, cause, consequence and risk ratings). We recommend that future training provides an increased focus on control identification to promote a mature understanding across all phases of risk management. | To be considered by the Internal Auditor who will action if required.<br><br>Has formed part of more recent training and will continue to do so into the future | Program Leader Internal Audit and Risk | Moderate            | Moderate | Dec 2015             | <b>Complete</b><br><br>Program Leader Internal Audit and Risk presented examples during the Risk Management Training held in 2015.<br><br>Strategic risk evidence folders were comprehensively reviewed documenting greater evidence of tangible controls.<br><br>Departmental risk identification and review workshops are underway and emphasise importance and methodology for control descriptions. |
| 39. | <u>Operational Risk Register - Control Identification</u><br>In addition to recommendation 1, consider holding internal control  | Workshops to be undertaken with risk managers as per recommendation.  | Program Leader Internal Audit and Risk | Moderate            | Moderate | Jul 2015<br>Jun 2016 | <b>Complete</b><br><br>Risk identification and review workshops continue throughout   |

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|     | workshops leading up to the next risk review. Workshops should focus specifically on internal control identification, ownership, recognising and recording planned controls by better utilising the solutions functionality.   |  |  |                     |          |                          | 2015/16. These workshops include Managers and Team Leaders and address the actions of this recommendation.   |
| 40. | <b><u>Operational Risk Register - Risk Review Methodology</u></b><br>Encourage Managers to practice active participation of department staff in the risk review and internal control identification process.<br>Provide an increased focus on the benefits of a collaborative approach to risk and control identification, and the shared responsibility for risk and control, in risk training provided to staff. | Managers to be encouraged to involve relevant staff in risk review and internal control identification if appropriate.<br><br>Presentation of audit findings by the Internal Auditor to be provided to an upcoming Managers Forum. | Program Leader Internal Audit and Risk | Moderate            | Moderate | Jul 2015<br><br>Jun 2016 | <b>Complete</b><br><br>A top down and bottom up approach to embedding risk management principles is occurring with:<br><ul style="list-style-type: none"> <li>Risk identification and risk review workshops being inclusive of Managers, Team Leaders and key staff; and</li> <li>All new staff required to attend a risk management induction.</li> </ul> |

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| 41. | <b><u>Strategic Risk Register - Evidence of Controls</u></b><br>In performing the next Strategic Risk review, attention is given to further improving the quality of supporting evidence for some controls. | 2 large folders of evidence is available but next review will consider this recommendation. The strategic risks are not held in the operational risk register or Interplan, rather the strategic risk register is managed as a standalone hard copy file for the purpose of the Executive who manage the strategic risks of the organisation. The six monthly strategic risk review is made available to all staff via the intranet and on the website via a report to the Audit and Risk Committee.<br>Recommendation will be considered as part of the July 2015 review as per February 2015 meeting of the Committee | General Manager<br>Organisational Support | Better Practice     | Better Practice | Sept 2015           | Complete<br><br>Strategic risk evidence folders were comprehensively reviewed documenting greater evidence of tangible controls. A report was presented to the October 2015 Audit and Risk Committee for oversight. |
|     | <b>Stormwater</b>   |   |   |                     |                 |                     |   |
| 42. | <b><u>Risk Assessment and Prioritisation</u></b><br>Council works towards a risk-based model for the prioritisation of maintenance, inspection and capital  | Agree with recommendation   | Manager City Assets                       | Moderate            | Moderate        | June 2016           | In Progress<br><br>Management Plan consultancy brief to be tendered in March 2016.  |

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|     | stormwater projects based on the model described in IPWEA Practice Note 5, supported by completion of the Catchment Management Plan.  |   |                     |                     |                 |                       |   |
| 43. | <b><u>Asset Management Plan</u></b><br>Future iterations of the Stormwater Asset Management Plan are improved utilising the Catchment Management Plan and risk-based prioritisation methodologies.  | Agree with recommendation                                       | Manager City Assets | Moderate            | Moderate        | Nov 2014<br>June 2016 | In Progress<br>Management Plan consultancy brief to be tendered in March 2016.                            |
| 44. | <b><u>Maintenance Schedule</u></b><br>The maintenance schedule is documented. At a minimum, this should include documentation of:<br><ul style="list-style-type: none"> <li>• Key principals e.g. "all side entry pits are cleared annually";</li> <li>• Locations of all known problem areas, and the maintenance response to these.</li> </ul> Consideration should be given to utilising new technologies to track maintenance. For example, scheduled maintenance locations could be mapped into GIS. Hand-held devices could then be used by maintenance | Agree- this will be developed as a maintenance schedule/policy. | Manager City Works  | Better Practice     | Better Practice | June 2014<br>Jun 2016 | Not Started<br>Better Practice opportunity therefore will be implemented when resources become available. |

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|     | staff to confirm completion of a maintenance task in real time, which would then be updated automatically onto the GIS map.  |                                  |                     |                     |                 |  |   |
|     | <b>Unclaimed Goods</b>   |                                  |                     |                     |                 |  |   |
| 45. | <p><u>There is no current written policy or SOG to clarify the procedures to be observed by Council staff in relation to managing dead animals on roads.</u></p> <p>A formal policy document be prepared that addresses the process to be followed where notification is received of a dead animal on a road. The document should specify the circumstances where an animal is 'bagged and tagged' and the steps to be taken to identify and notify the owner of the animal (wherever possible). If Council staff are not expected to search for a microchip (on the basis that this in undertaken by AVL staff upon collection of the carcass) this should also be stipulated in the document. The existence of this policy document will ensure a consistent approach by all staff and will assist in 'up-skilling' new depot employees.</p> | Agree - Policy will be developed | Manager City Works  | Better Practice     | Better Practice | <p><del>Sep 2013</del></p> <p><del>Feb 2014</del></p> <p><del>Oct 2015</del></p> <p>Jun 2016</p> | <p><b>In Progress</b></p> <p>This is a better practice opportunity and as such other operational works take priority. A draft policy is currently underway.</p> <p>Re-visit in June 2016.</p> |

|             |             |          |
|-------------|-------------|----------|
| Not Started | In Progress | Complete |
|-------------|-------------|----------|

**Internal Audit Recommendation and Action Progress Report**

| Recommendation   | Management Response   | Responsible Officer         | Internal Audit Risk | CWT Risk        | Target/ Review Date  | Status Update 31 Jan 2014  |
|--|---|-----------------------------|---------------------|-----------------|--|--|
| <p><b>46. <u>The Council does not maintain a register of dead animals that are 'bagged and tagged'.</u></b></p> <p>Whilst it is recognised that records are kept of each animal 'bagged and tagged' by way of a copy of the duplicate tag, it is recommended the Council maintains an electronic register in its record keeping system, of these animals. Doing so will assist staff (whether it be staff from the depot or CSD) to more efficiently respond to requests from members of the public who may be searching for a lost pet.</p> | City Works will review its record keeping and discuss process of possible electronic copy.  | Manager City Works          | Better Practice     | Better Practice | 30/09/2013<br>43<br><br>Feb 2014<br><br>Oct 2015<br><br>Jun 2016 | In Progress<br><br>Better Practice only, re-visit in June 2016.  |
| <p><b>47. <u>Exercising of Powers</u></b></p> <p>Compliance staff (authorised officers), especially those who are new to the role in Council, may not be confident and/or fully competent in the exercise of powers to tow a vehicle under section 237 of the LG Act. This can lead to the inefficient use of Council's resources due to additional time being spent on tasks by the Team Leader Compliance and/or Manager Regulatory Services</p>   | <p>Team Leader Compliance will undertake the new authorised officers training as part of their induction training.</p> <p>Existing authorised officers refresher training will be undertaken by September 2013.</p> | Manager Regulatory Services | Moderate            | Low             | Sep 2013<br><br>Mar 2014   | <p>Complete</p> <p>Currently only the Manager and General Manager have sub-delegated authority to sign off to remove and sell a vehicle.</p> <p>Therefore, training is only required for the process up to vehicle has exceeded the 24 hours</p> |

|             |             |          |
|-------------|-------------|----------|
| Not Started | In Progress | Complete |
|-------------|-------------|----------|

**Internal Audit Recommendation and Action Progress Report**

| Recommendation  | Management Response | Responsible Officer | Internal Audit Risk | CWT Risk | Target/ Review Date | Status Update 31 Jan 2014   |
|---|---------------------|---------------------|---------------------|----------|---------------------|---|
| That new authorised officers be trained and existing authorised officers attend 're-fresher' training in relation to the exercise of their powers under section 237 of the LG Act in accordance with SOG #4. Refresher training should occur at least once every 3 years. This training could, for example, be provided in-house by the Team Leader Compliance. |                     |                     |                     |          |                     | and this is included within new employee induction training and mentoring.<br><br>Officers complete (sign and date) a checklist which provides confidence of due process for the Managers sign-off. |

|             |             |          |
|-------------|-------------|----------|
| Not Started | In Progress | Complete |
|-------------|-------------|----------|

## 9.4 EXTERNAL AUDIT

### 9.4.1 Dog and Cat Management Board 2014/15 Financial Audit

#### Brief

This report presents the results of the Dog and Cat Management 2014/15 Financial Audit.

#### RECOMMENDATION(S)

It is recommended to the Audit and Risk Prescribed General Committee that the Dog and Cat Management 2014/15 Financial Audit be received.

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#### Introduction

The Dog and Cat Management Board (the Board) is required under the *Dog and Cat Management Act 1995* (the Act) to undertake statutory compliance audits at each South Australian council. From 1 July 2014, the Board mandated that an annual financial audit occur at each council and this audit evaluates each council's compliance with their financial obligations under the Act.

#### Discussion

The Board recently completed the 2014/15 financial audit (Audit) of the City of West Torrens (CWT) in accordance with s26(3), s26(4), s26(5) and s26(7) of the Act. The final report from the Board is presented in a check list format for information (**Attachment 1**). The audit confirmed that the CWT is fulfilling its financial obligations under the Act.

#### Conclusion

The 2014/15 financial audit undertaken by the Dog and Cat Management Board verifies the full compliance by the City of West Torrens with its financial obligations under the *Dog and Cat Management Act 1995*. As a result further reporting to the Audit and Risk Prescribed General Committee is not required.

ATTACHMENT 1



**Government of South Australia**  
**Dog and Cat Management Board**

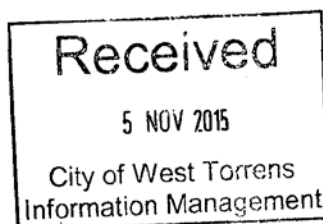
Level 1  
1 Richmond Road  
Keswick SA 5035  
GPO Box 1047  
Adelaide SA 5001  
Ph: 08 8124 4962  
Fax: 08 8124 4648

ABN 48 100 971 189

[www.dogandcatboard.com.au](http://www.dogandcatboard.com.au)

3 November 2015

Mr Terry Buss  
Chief Executive Officer  
City of West Torrens  
165 Sir Donald Bradman Drive  
HILTON SA 5033



Dear Mr Buss

**RE: DOG AND CAT MANAGEMENT 2014/15 FINANCIAL AUDIT**

The Dog and Cat Management Board recently undertook a 2014/15 financial audit of the City of West Torrens in relation to Sections 26 (3), (4), (5) and (7) of the *Dog and Cat Management Act 1995*.

We are pleased to confirm the City of West Torrens is fulfilling its financial obligations under the Act. Please find the completed audit report enclosed.

I encourage you to contact the Administration Officer, Philippa Hook on (08) 8124 4768 or at [philippa.hook@sa.gov.au](mailto:philippa.hook@sa.gov.au) if you have any questions in relation to the finance audit process or outcomes.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Andrew Lamb".

**Andrew Lamb**  
**Board Secretary**

Finance Audit and Form 26 – Audit Checklist

|  |                      |                                     |
|--|----------------------|-------------------------------------|
| <b>Name of Council:</b>  | City of West Torrens |                                     |
| <b>Name of officer completing audit:</b>   | Philippa Hook        |                                     |
| <b>Date audit commenced:</b>   | 21/08/15             |                                     |
| <b>Checklist of Supporting documentation required:</b>                                       |                      |                                     |
| End of Year (actual) income and expenditure report - extract from Council's finance database |                      | <input checked="" type="checkbox"/> |
| - Endorsed by Council Finance officer  |                      | <input checked="" type="checkbox"/> |
| Summary of relevant expiation revenue collected – extract from Council's finance database    |                      | <input checked="" type="checkbox"/> |
| - Endorsed by Council Finance officer  |                      | <input checked="" type="checkbox"/> |
| Schedule of fees relating to dog registration, as approved by Council                        |                      | <input checked="" type="checkbox"/> |

| Legislative requirements  | Audit process   | Checklist   | Comments  |
|---|---|---|---|
| <p>s26 (3) Money received by a council under this Act must be expended in the administration or enforcement of the provisions of this Act relating to dogs.</p>                                     | <p>Money received under the Act includes:</p> <ul style="list-style-type: none"> <li>o fees for the provision of extracts from registers kept under the Act</li> <li>o fees approved by the Minister, <ul style="list-style-type: none"> <li>▪ for the registration of dogs and businesses</li> <li>▪ for the late payment of registration fees</li> <li>▪ for meeting any other requirements imposed on Councils under the Act.</li> </ul> </li> </ul> <p>Expenditure may include (for example):</p> <ul style="list-style-type: none"> <li>o wages and apportionment of time for staff (e.g. AMO and administration staff)</li> <li>o building space used for dog management and relevant staff</li> <li>o vehicle used for dog management and relevant staff</li> </ul> <p>The EOY Income and Expenditure report from Council's finance database should provide a clear breakdown of relevant income and expenditure and the amounts should match those reported on Form 26.</p> <p>Total expenditure is reviewed against total income to ascertain whether monies received have been expended in the administration and enforcement of the Act.</p> <p>If relevant expenditure is LESS than income and the discrepancy must be documented* and explained, and any carry forward identified.</p> <p><i>*For example, the Council may have expended less monies than received, but this may be due to monies being carried forward for a pending animal management related project or similar. Full details should be provided.</i></p> | <p><input checked="" type="checkbox"/> The income amounts reported on the Form 26 submission matches the End of Year (actual) income and expenditure report and Expiation revenue summary</p> <p><input checked="" type="checkbox"/> The expenditure amounts reported on the Form 26 submission matches the End of Year (actual) income and expenditure report</p> <p><input checked="" type="checkbox"/> End of Year (actual) income and expenditure report indicates that all monies received under the Act were expended on dog related provisions</p> | <p>Capital expenditure of \$32,074 is for new Dog Van (documented in tab called 'F1 Download' cell C27 of provided income/expenses report).</p> |
| <p>s26(4) Each council must keep separate accounts of money received under this Act and of money expended in the administration and enforcement of the provisions of this Act relating to dogs.</p> | <p>The extracts from Council's finance database should clearly indicate that monies expended and received under the Act are maintained in accounts separate from other Council revenue and expenditure.</p>   | <p><input checked="" type="checkbox"/> End of Year (actual) income and expenditure report indicates that all monies received under the Act were maintained in a separate account</p>  |   |

| Legislative requirements  | Audit process  | Checklist   | Comments   |
|---|--|---|--|
| <p>s26(5) A council must pay into the Fund the percentage fixed by regulation of the dog registration fees received by the council.</p>   | <p>The amount payable by Councils into the Dog and Cat Management Fund is based on a percentage of the following:</p> <ul style="list-style-type: none"> <li>- Dog Registration fees</li> <li>- Dog registration transfers</li> <li>- Replacement dog registration discs</li> </ul> <p>These amounts are reported on Form 26 under 'Total amount received from dog registration fee income' and will be verified against the amounts on the EOY Income and Expenditure report provided from council's finance database.</p> <p>NB. The percentage payable into the Fund is calculated automatically via the online form.</p> | <p><input checked="" type="checkbox"/> The "Dog Registration Fee" income amount reported on the Form 26 submission matches the End of Year (actual) income and expenditure report and Expiation revenue summary</p> <p>Note that the percentage payable to the fund will be calculated automatically</p>                                    |  |
| <p>26(7) Without limiting the matters that may be taken into account when setting fees to be approved by the Minister, councils must provide for a percentage rebate of the fee that would otherwise be charged for the registration of a dog in the following cases:</p> <ul style="list-style-type: none"> <li>(a) if the dog is desexed</li> <li>(b) if – <ul style="list-style-type: none"> <li>(i) the dog has been implanted with a microchip for the purposes of identification; and</li> <li>(ii) the information contained in the microchip is up-to-date;</li> </ul> </li> <li>(c) if the dog has passed a specified training program accredited by the Board,</li> </ul> | <p>The schedule of fees relating to dog registration provided by Council will be verified against the fees approved by the Minister.</p> <p>The rebates applied by Council will be checked to ensure they have been correctly aggregated.</p> <p>Any discrepancies with the data provided are to be explained.</p>   | <p><input checked="" type="checkbox"/> The dog registration fee schedule approved by Council matches the dog registration fee schedule approved by the Minister</p> <p><input checked="" type="checkbox"/> The dog registration fee schedule approved by Council indicates that registration fee rebates are being correctly aggregated</p> | <p>Extract from registration takings shows rebates correctly aggregated.</p> |

## City of West Torrens Trend Data

### Registration Numbers

| 2011/2012 | 2012/2013 | 2013/2014 | 2014/15 | 2014/15 State figure |
|-----------|-----------|-----------|---------|----------------------|
| 6,794     | 6,917     | 6,776     | 6,587   | 297,857              |

### Registered dogs desexed

| 2011/2012 | 2012/2013 | 2013/2014 | 2014/15 | 2014/15 State figure |
|-----------|-----------|-----------|---------|----------------------|
| 68%       | 70%       | 71%       | 73%     | 69%                  |

\*Please note, proposed amendments to the *Dog and Cat Management Act 1995* may include mandatory desexing. Please consider potential transitional work needed to educate and encourage compliance should legislation change in 2016.

### Registered dogs microchipped

| 2011/2012 | 2012/2013 | 2013/2014 | 2014/15 | 2014/15 State figure |
|-----------|-----------|-----------|---------|----------------------|
| 55%       | 60%       | 64%       | 69%     | 60%                  |

\*Please note, proposed amendments to the *Dog and Cat Management Act 1995* may include mandatory microchipping. Please consider potential transitional work needed to educate and encourage compliance should legislation change in 2016.

### Registered dogs trained

| 2011/2012 | 2012/2013 | 2013/2014 | 2014/15 | 2014/15 State figure |
|-----------|-----------|-----------|---------|----------------------|
| 7%        | 8%        | 9%        | 11%     | 7%                   |

\*Please note, proposed amendments to the *Dog and Cat Management Act 1995* may remove the training rebate from the registration fee structure. Please consider potential transitional work needed to educate and encourage compliance should legislation change in 2016.

Please contact the Dog and Cat Management Board on 8124 4747 if you have any queries about the information provided.



## Dog and Cat Management Summary City of West Torrens October 2015

Each year councils provide information to the Dog and Cat Management Board to enable the Board to plan for, promote and provide advice about the effective management of dogs and cats in South Australia.

Below is a snapshot of the City of West Torrens's information to assist with future planning and statistics as they compare to other South Australian councils.

|                               |                          |
|-------------------------------|--------------------------|
| <b>Registrar of Dogs</b>      | Terry Buss               |
| <b>Audit Cycle</b>            | 2015/2016                |
| <b>Animal Management Plan</b> | Current (Due 30/07/2017) |

Standard Registration Fee, in comparison to other SA councils – \$70.00



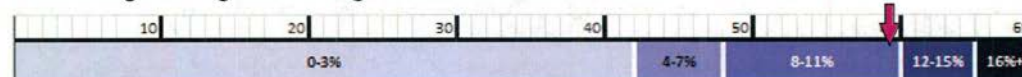
Percentage of registered dogs where the desexed rebate is claimed - 73%



Percentage of registered dogs where the microchipped rebate is claimed - 69%



Percentage of registered dogs where the trained rebate is claimed - 11%



Percentage of dogs wandering at large returned to owner - 56%



In 2014/15, the free *Living Safely With Pets* education program visited schools in City of West Torrens area 8 times. Across SA, 140 visits were made to regional council areas and 142 to metropolitan council areas. Please encourage your local schools to make a booking by visiting, [www.dogandcatboard.com.au/living-safely-with-pets](http://www.dogandcatboard.com.au/living-safely-with-pets).

## 9.5 COMMITTEE PERFORMANCE AND REPORTING

### 9.5.1 Self-Evaluation

#### Brief

This report presents the results of the annual Audit and Risk Prescribed General Committee self-evaluation conducted for the period February 2014-October 2015.

#### RECOMMENDATION(S)

The Committee recommends to Council that:

1. The self-evaluation annual audit of the Audit and Risk Prescribed General Committee be referred to Council for notation.
2. The Chief Executive Officer arrange a viewing of Council's key assets and current projects for interested Committee Members at a mutually agreeable time prior to its 14 June 2016 Committee meeting.

---

#### Introduction

The Audit and Risk Committee (the Committee) was established by Council in 2007 in accordance with s126 and s41 of the *Local Government Act 1999* and follows the format of previous committees.

Pursuant to clause 2.6.3 of the Committee's Terms of Reference, the Committee is required to report to the Council on the performance of the Committee on an annual basis using performance indicators developed for that purpose. This occurs in two parts firstly, the Committee presents its Annual Report and this was presented to the 1 September meeting of the Council and secondly the Committee undertakes and presents an annual self-evaluation.

#### Discussion

The Self-evaluation was distributed to all Committee members during October 2015. The format of the questionnaire contains two sections, the first being the questionnaire containing 16 questions which Committee members are asked to rate their answer using the following scale:

|                |       |                            |          |                   |                |
|----------------|-------|----------------------------|----------|-------------------|----------------|
| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Not Applicable |
|----------------|-------|----------------------------|----------|-------------------|----------------|

The second part of the self-evaluation invited Committee Members to provide other comment/suggestions, in addition to their responses to the 16 questions. To ensure comparability of data, this format will remain consistent for the duration of the Committee's term of office.

Responses were received from all five (5) Committee members. The questionnaires were collated and the results of the self-evaluation are detailed in **Attachment 1**.

#### Results Section One

As detailed in **Attachment 1**, 43/79 (54%) of responses rated as 'Strongly Agree', 34 (43%) of responses rated as 'Agree', 1 (1.3%) of responses rated as 'Neither Agree nor Disagree', while 1 (1.3%) of responses resulted in a rating of 'Disagree'.

The overwhelming response (97%) to part A of the questionnaire was to rate the questions as 'Strongly Agree/Agree'. This indicates that the Committee in its current format is meeting the expectations of Committee Members. The two ratings below 'Strongly Agree/Agree' relate to the following questions:

Question 8 - Does the Audit and Risk Committee engage experts as appropriate? This was rated by one member as 'Neither Agree nor Disagree'.

Question 11 - Do agendas, presentations and format of papers suit the needs of the members? This was rated by one member as 'Disagree'

### **Results Section Two**

Section Two invites Committee members to provide comments or suggestions. Four (4) positive comments were received relating to the Committee's performance and interaction and seven (7) suggestions for improvement were received. All comments and suggestions are provided in section two of **Attachment 1**.

### **Conclusion**

This report provides the outcomes of the Committee's annual self-assessment which indicates that the Committee's operation is meeting the expectations of the majority of members.

ATTACHMENT 1

**Audit and Risk Committee Self Evaluation Questionnaire Results 2015**

**Section One**

*For the 16 questions contained within the Audit and Risk Committee Self Evaluation Questionnaire, the following table details the number of responses per rating from the members of the Audit and Risk Committee.*

| Question   | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Not Applicable | Total Number of Responses |
|--|----------------|-------|----------------------------|----------|-------------------|----------------|---------------------------|
| 1. Do members of the Audit and Risk Committee maintain a workable relationship with other members of the Audit and Risk Committee? | 2              | 3     |                            |          |                   |                | 5                         |
| 2. Does a relationship of respect exist between each member of the Audit and Risk Committee?                                       | 3              | 2     |                            |          |                   |                | 5                         |
| 3. Are the views of all members respected during discussions at Audit and Risk Committee Meetings?                                 | 4              | 1     |                            |          |                   |                | 5                         |
| 4. Do all members arrive on time for the commencement of Audit and Risk Committee Meetings?  | 4              | 1     |                            |          |                   |                | 5                         |
| 5. Is the involvement of all Audit and Risk Committee members sought by the Presiding Member/Committee Chair?                      | 4              | 1     |                            |          |                   |                | 5                         |
| 6. Are differences of opinion on issues resolved to the satisfaction of the Audit and Risk Committee?                              | 3              | 2     |                            |          |                   |                | 5                         |
| 7. Do the Audit and Risk Committee members challenge the Presiding Member/Committee Chair as appropriate?                          | 2              | 3     |                            |          |                   |                | 5                         |
| 8. Does the Audit and Risk Committee engage outside experts as appropriate?  | 1              | 2     | 1                          |          |                   |                | 4                         |
| 9. Are all Audit and Risk Committee members sufficiently prepared for meetings?  | 3              | 2     |                            |          |                   |                | 5                         |
| 10. Is sufficient information supplied to Audit and Risk Committee members prior to the Meeting?                                   | 3              | 2     |                            |          |                   |                | 5                         |
| 11. Do agendas, presentations and format of papers suit the needs of the members?  |                | 4     |                            | 1        |                   |                | 5                         |
| 12. Are the outcomes of Audit and Risk Committee meetings clear and concise?   | 4              | 1     |                            |          |                   |                | 5                         |

**Audit and Risk Committee Self Evaluation Questionnaire Results 2015**

|   |           |           |          |          |  |  |           |
|---|-----------|-----------|----------|----------|--|--|-----------|
| 13. Are Audit and Risk Committee meetings productive and effective?   | 1         | 4         |          |          |  |  | 5         |
| 14. Has the Audit and Risk Committee adequate and ready access to appropriate resources?  | 2         | 3         |          |          |  |  | 5         |
| 15. Are all reports provided to the Audit and Risk Committee thoroughly reviewed, including enquiry into financial and risk management? | 3         | 2         |          |          |  |  | 5         |
| 16. I am satisfied with my commitment and contribution to the Audit and Risk Committee's deliberations.                                 | 4         | 1         |          |          |  |  | 5         |
| <b>Total Number of Responses</b>  | <b>43</b> | <b>34</b> | <b>1</b> | <b>1</b> |  |  | <b>79</b> |

**Section Two**

The following additional comments and suggested improvements were provided by Questionnaire respondents:

**Comments:**

- Chair ensures that all participants have time to speak. Comments are treated with respect and the Code of Conduct is observed.
- Papers are generally of a high standard.
- Committee members are respectful of each other's views.
- I am pleased with the responses from Council to some of the requests that came from Committee members, it showed that the Committee members were being listened to.

**Suggestions:**

- The Audit and Risk Committee could be used as a sounding board for key financial and risk management issues.
- Some thought should be given to the readability of the committee papers, particularly when using a tablet.
- I believe there should be an opportunity for in camera discussion amongst the committee members.
- Perhaps the exact role and function of the Committee should be made clearer to Committee Members and Elected Members. In addition to the Terms of Reference, some scenarios could be helpful.
- The self-evaluation questionnaire should include two additional questions:
  - Do the Audit and Risk Committee members challenge the Administration as appropriate?
  - I am satisfied with the contribution of other Committee Members?
- Format of Papers - as expressed at last Committee meeting, I think the "conclusion" section of each agenda paper needs to be a real conclusion, defined as "a judgement or decision reached by reasoning" and not defined as "the end or finish of an event, process, or text".

A good example was the covering paper to the Auditor-General's (AG) report on the LGA reported at last meeting. I expected the paper to highlight the AG 2 or 3 main findings, and state what the implications for CWT were, if none then this should be stated. This enables Committee members to concentrate on the key

### **Audit and Risk Committee Self Evaluation Questionnaire Results 2015**

issues and see how the Administration is thinking. Remember, the Administration works in local government day in and day out whereas Committee members have much less exposure and therefore may not appreciate all the important implications.

When I was first appointed to the Committee, I mentioned to the CEO, and others, that it would be most helpful to be shown Council's key assets and projects, including the works depot. It would be great if the person in charge of each are could be available to point out relevant features/key risks and answer questions.

Whilst there was general agreement, this is yet to eventuate - no doubt overtaken by other pressing matters confronting the administrative personnel. Nevertheless, I don't think we can perform effectively as a Committee without such an inspection.

I'd appreciate this topic being placed on the Committee's agenda for discussion.

**10. OTHER BUSINESS**

**11. NEXT MEETING**

12 April 2016, 6.00pm in the Mayor's Reception Room.

**12. MEETING CLOSE**