

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 COMMITTEE

Members: Councillor S Rypp (Presiding Member),
Councillor G Vlahos
Independent Members: R Haslam, E Moran, 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, 13 FEBRUARY 2018
at 6.00pm

Bill Ross
Chief Executive Officer (Acting)

City of West Torrens Disclaimer

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

INDEX

1	Meeting Opened	1
	1.1 Evacuation Procedures	
2	Present	1
3	Apologies	1
4	Disclosure Statements	1
5	Confirmation of Minutes	1
6	Communication by the Chairperson	1
7	Presentations	1
	Nil	
8	Reports of the Chief Executive Officer	2
	8.1 Financial Reporting and Sustainability	2
	8.1.1 Financial Reporting	2
	8.2 Internal Controls and Risk Management Systems	4
	8.2.1 2017-18 Strategic Risk Mid-Year Review	4
	8.3 Internal Audit	10
	8.3.1 2017-2018 Internal Audit Program Update	10
	8.3.2 Internal Audit Recommendations and Actions Progress Report	31
	8.3.3 Dog and Cat Management Board 2016/17 Financial Audit	33
	8.4 External Audit	38
	Nil	
	8.5 Committee Performance and Reporting	38
	Nil	
9	Outstanding Reports/Actions	39
	9.1 Open Actions Update	39
10	Other Business	41
11	Confidential	41
	Nil	
12	Next Meeting	41
13	Meeting Close	41

1 MEETING OPENED**1.1 Evacuation Procedures****2 PRESENT****3 APOLOGIES****4 DISCLOSURE STATEMENTS**

Committee Members are required to:

1. Consider Section 73 and 75 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 75A of the *Local Government Act 1999*.

5 CONFIRMATION OF MINUTES**RECOMMENDATION**

That the Minutes of the meeting of the Audit and Risk Committee held on 10 October 2017 be confirmed as a true and correct record.

6 COMMUNICATION BY THE CHAIRPERSON**7 PRESENTATIONS**

Nil

8 REPORTS OF THE CHIEF EXECUTIVE OFFICER

8.1 FINANCIAL REPORTING AND SUSTAINABILITY

8.1.1 Financial Reporting

Brief

This report lists those finance related reports which were considered by Council between 4 October 2017 and 6 February 2018.

RECOMMENDATION

It is recommended to the Audit and Risk Committee that the Financial Reporting report be received.

Introduction

The Audit and Risk Prescribed General Committee (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.

Discussion

The following reports were considered by Council/Council Committee between 4 October 2017 and 6 February 2018.

17 October 2017

- Creditor Payments
- Property Leases
- Council Budget Report - Three Months to 30 September 2017
- Mendelson Financial Report September 2017
- Prudential Report - Weigall Oval

7 November 2017

- Financial Statements - Year Ended 30 June 2017
- Mendelson Foundation - Financial Statements Year Ended 30 June 2017
- Budget versus Actual - Year Ended 30 June 2017

21 November 2017

- Creditor Payments
- Taxi Voucher Usage
- Elected Members' Telephones
- Register of Allowances and Benefits - 3 Months to 30 September 2017
- Council Budget Report - Four Months to 31 October 2017
- Budget Review - September 2017

12 December 2017

- Creditor Payments
- Form of the Council Budget and Annual Business Plan 2018/19

16 January 2018

- Creditor Payments
- Property Leases
- Council Budget Report - Six Months to 31 December 2017
- Mendelson Financial Report December 2017

6 February 2018

- Fees and Charges 2018-19

Conclusion

This report lists those finance related reports which were considered by Council between 4 October 2017 and 6 February 2018.

Attachments

Nil

8.2 INTERNAL CONTROLS AND RISK MANAGEMENT SYSTEMS

8.2.1 2017-18 Strategic Risk Mid-Year Review

Brief

This report presents the outcomes of the mid-year strategic risk review 2017-18.

RECOMMENDATION

It is recommended to the Audit and Risk Committee that the mid-year strategic risk review be received.

Introduction

As part of Council's Risk Management program, implemented in 2009, ten strategic risks (the risks) were identified as follows:

- | | |
|---------------------------|--|
| 1. The Business | 6. Advice and Information |
| 2. Staff | 7. Fraud and Corruption |
| 3. Injury or Death | 8. Information Services |
| 4. The Council | 9. Ineffective Organisational/ Community Resilience |
| 5. Decision Making | 10. Flooding |

These risks have been subject to both an annual and mid-year review since 2009. Risk 9 was originally focused on maintaining CWT 'Service Centres' however following a comprehensive review in October 2017 the risk issue was renamed as risk 9 'Ineffective Organisational/Community Resilience' as a result of this being the 'root cause' of business disruption including unplanned closure of service centres.

Discussion

The City of West Torrens (CWT) *Administration Policy - Enterprise Risk Management Framework* provides that risk identification, risk analysis and risk evaluation occur annually and be subjected to a minor mid-year review.

As a result, the Executive Management Team (EMT) continues to undertake and report on its strategic risks at six-monthly intervals. The 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 profile changes etc. The second review commences in December and is a quick update which, while it ensures any changes to the risk ratings, wording/formatting updates etc. are captured, 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 is attached (**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
Process	<ul style="list-style-type: none"> EMT Workshop/Meeting Risk Team meets with risk control owners (Managers) 	<ul style="list-style-type: none"> Review by Executive via email
Output	<ul style="list-style-type: none"> Strategic Risk evidence folders updated 	<ul style="list-style-type: none"> Nil (unless a new strategic risk is identified)
Report	<ul style="list-style-type: none"> Comprehensive report presented to the A&R Committee Evidence folders updated and presented to the A&R Committee 	<ul style="list-style-type: none"> Summary report with emphasis on material change presented to the A&R Committee

2017-2018 Mid-Year Strategic Risk Review

The 2017-2018 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 October 2017 meeting as follows:

2016-17 Strategic Risk - Residual Risk Ratings		
Risk	Likelihood/Consequence	Residual Rating
1. The Business	Likelihood = Unlikely Consequence = Moderate	Moderate
2. Staff	Likelihood = Unlikely Consequence = Major	Moderate
3. Serious Injury or Death	Likelihood = Rare Consequence = Catastrophic	Moderate
4. The Council	Likelihood = Unlikely Consequence = Major	Moderate
5. Decision Making	Likelihood = Unlikely Consequence = Major	Moderate
6. Advice and Information	Likelihood = Unlikely Consequence = Major	Moderate
7. Fraud and Corruption	Likelihood = Unlikely Consequence = Major	Moderate
8. Information Services	Likelihood = Unlikely Consequence = Moderate	Moderate
9. Ineffective Organisational/ Community Resilience	Likelihood = Moderate Consequence = Major	High
10. Flooding	Likelihood = Unlikely Consequence = Major	Moderate

***As detailed previously, the Annual Strategic Risk Review, presented to the 4 October 2017 meeting of the Committee, resulted in a significant change to Risk 9 from previous reviews. This included a change to the name of the risk along with the causes, consequences and controls.*

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

2015-2016 Strategic Risk Mid-Year Review - Actions Status		
Risk	Identified Actions	Action Status
1. The Business	No additional actions identified	N/A
2. Staff	No additional actions identified	N/A
3. Serious Injury or Death	No additional actions identified	N/A
4. The Council	No additional actions identified	N/A
5. Decision Making	No additional actions identified	N/A
6. Advice and Information	No additional actions identified	N/A
7. Fraud and Corruption	No additional actions identified	N/A
8. Information Services	No additional actions identified	N/A
9. Ineffective Organisational Community Resilience	<ol style="list-style-type: none"> 1. Commence the Crowded Places and Resilience Committee 2. Build organisational capability via appointment and training of Council Commander and Council Liaison Officers 3. Finalisation of the Emergency Management and Business Continuity Plan. 	In progress
10. Flooding	<ol style="list-style-type: none"> 1. Continue to implement the actions/findings arising from the Brownhill and Keswick Creeks Stormwater Management Plan 2. Continue to implement and use digital terrain mapping for the entire City 3. Continue to develop and implement a Flood Mapping Plan 	On-going

The status of the two above emerging risks remains the same as follows:

1. Infill Development	Nil	Continue to Monitor
2. Rate Capping	Nil	Continue to Monitor

Conclusion

This report presents the 2016-2017 Strategic Risk Mid-Year Review. No material changes resulted from this Review.

Attachments

1. Strategic Risk Review Process from Enterprise Risk Management Framework

City Of West Torrens Administrative Policy - Enterprise risk Management Framework

9.5 Strategic Risks

9.5.1 Strategic risks are those organisational risks which arise in pursuit of the organisation's objectives, strategy and/or work activity.

9.5.2 Strategic risks are reviewed bi-annually, the outcomes of which are reported to the Audit and Risk General Committee.

9.5.3 The strategic risk review process is detailed below:

Comprehensive Review

Step	Due Date	Action	Primary	Secondary
Communication & Consultation	Annually by 15 June	<ul style="list-style-type: none"> Advise Executive of commencement of strategic risk review 	General Manager Business and Community Services	Program Leader Audit and Risk
Establish /Review the context	Annually by 1 July	<ul style="list-style-type: none"> Conduct a broad scan of the internal & external business environments, including developments in best practice risk management, industry trends or incidents. 	General Managers (Lead - General Manager Business and Community Services)	Chief Executive Officer
Risk Identification	Annually by 30 July	<ul style="list-style-type: none"> Identify potential issues that may negatively or positively impact on Council's, CWT's or departmental objectives Conduct root cause analyses of each List controls currently in place to manage identified risks 	General Managers	Chief Executive Officer
Risk Analysis		<ul style="list-style-type: none"> Rate identified risks against likelihood and consequences (risk descriptors) to determine Level of Risk (LOR) Ratings must consider existing controls 	General Managers	

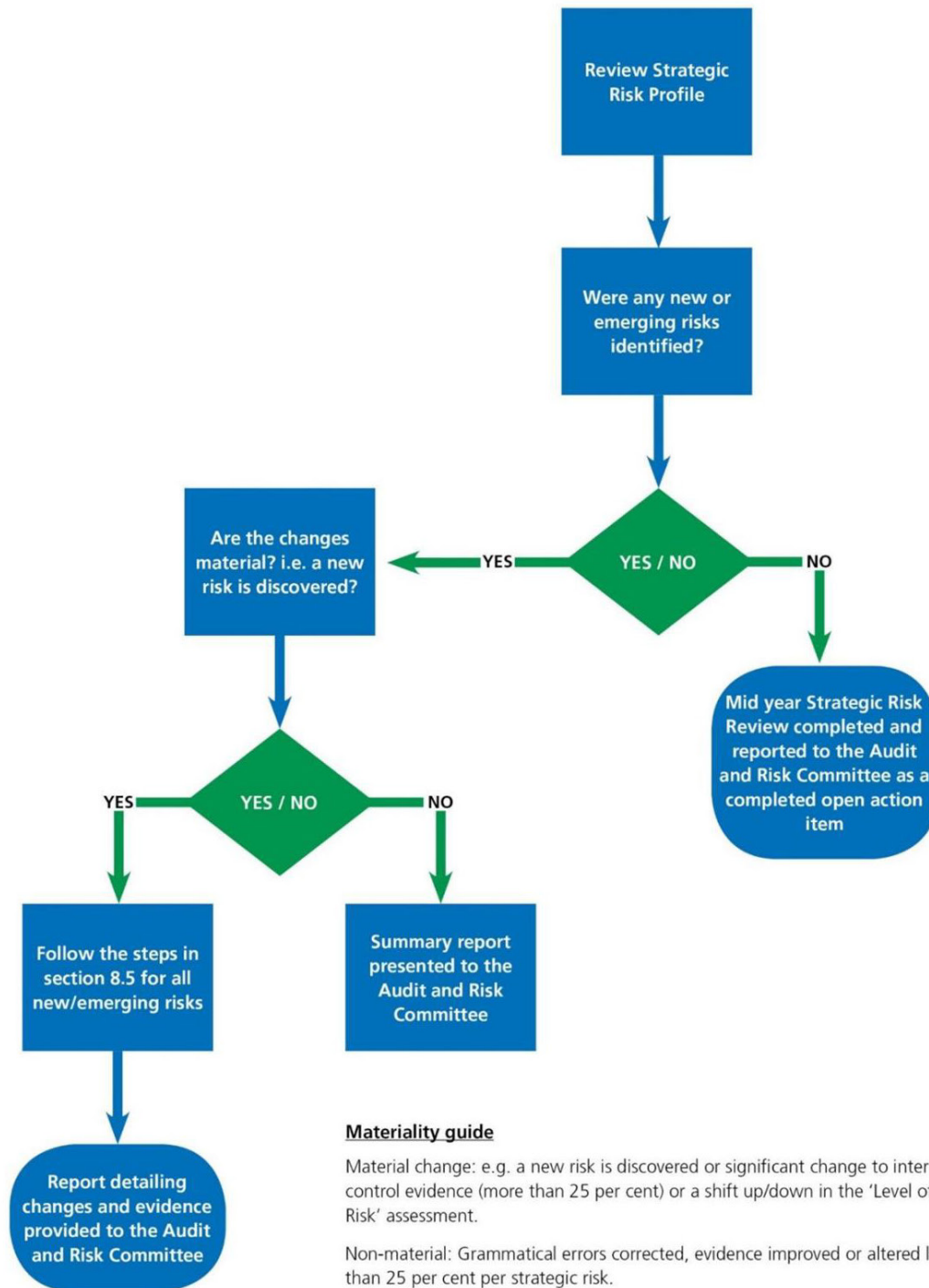
City Of West Torrens Administrative Policy - Enterprise risk Management Framework

Step	Due Date	Action	Primary	Secondary
Risk Evaluation		<ul style="list-style-type: none"> Compare LOR against risk criteria and establish management priorities 	General Managers	
Risk Treatment		<ul style="list-style-type: none"> Review existing risk treatment action plans, update as necessary. Determine appropriate risk management controls for newly identified risks. 	General Managers	Chief Executive Officer
Documentation	Annually by 30 July	<ul style="list-style-type: none"> Update risk controls evidence folders Update Strategic Risk Register (as necessary) on the Intranet. 	Program Leader Audit and Risk	General Manger Business and Community Services
Monitor & Review	6 monthly	<ul style="list-style-type: none"> Consider all aspects of risk management framework effectiveness and suitability i.e. context, identification and analysis tools, risk register formats, risk evaluation criteria etc. Review this schedule 	Chief Executive Officer and General Managers	Audit & Risk Committee
		<ul style="list-style-type: none"> Present outcome of risk review (both current and new) to the Audit and Risk Committee 	General Manager Business and Community Services	Chief Executive Officer

City Of West Torrens Administrative Policy - Enterprise risk Management Framework

9.6 Mid-Year Strategic Risk Review

9.6.1 The 6 Monthly (Mid-Year) Review of strategic risk is a desk top exercise not intended to be comprehensive. It is undertaken to identify any changes to the CWT risk profile and the level of reporting/documentation is dependent upon the materiality of any changes identified as depicted in the following flow chart.



8.3 INTERNAL AUDIT

8.3.1 2017-2018 Internal Audit Program Update

Brief

This report presents the 2017-2018 Internal Audit Program Update.

RECOMMENDATION

It is recommended to the Audit and Risk Committee that the 2017-2018 Internal Audit Program Update report be received.

Introduction

An update report is provided to each ordinary meeting of the Audit and Risk Prescribed General Committee (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 2017-18 *Internal Audit Program* (Program) as at 30 September 2017. The full internal audit program update is attached (**Attachment 1**).

Summary

Audit Status	Number
Audits Not Started	5
Complete	5
In Progress	4
Total Audits Programmed (excluding staged audits)	14
Audit Status (Staged Audits)	Number
Staged Audits Not Started	1
Staged Audits Complete	0
Staged Audits in Progress	2
Total Staged Audits	3
Total Audits	17
Cancelled/Deferred	1

Audits Completed

Five (5) of the fourteen (14) programmed audits (excluding staged audits) are complete:

No.	Audit Description	Meeting Presented
1.	Vic Roads Annual Audit	Not Applicable
2.	Accounts Payable	October 2017
3.	Hazard Register - WHS Controls	October 2017
4.	Land and Building (Sale and Conveyancing) Act 2010	October 2017
5.	Food Act 2001	October 2017

Compliance Audits in Progress

The following audits are in progress as at 30 September 2017:

1. The *Information Fraud* audit is currently underway, an opening meeting occurred during December 2017. The scope for this audit is attached (**Attachment 2**).
2. The *Workzone Traffic Management* audit is currently underway, an opening meeting occurred during January 2018. The scope for this audit is attached (**Attachment 3**).
3. The *Contractor Management* audit is currently underway, an opening meeting occurred during January 2018. The scope for this audit is attached (**Attachment 4**).
4. The *Internal Audit Recommendations* audit is a continuous audit aligned to the six-monthly agreed action update report. The scope for this audit has previously been presented to the Committee for its information.

Audits Cancelled

The following audit has been cancelled:

1. Cash Handling Spot Audit was cancelled at the suggestion of the Audit Committee.

Facilitative/Staged Audits Underway

The following three (3) facilitative and staged audits are in progress and will continue to be progressed with activity spanning over multiple internal audit programs:

1. *Debtor Management* - currently underway.
2. *Maintenance of Plant and Equipment*.
3. *Continuous Audit - Procurement Roadmap (CAPR)* - Currently underway.

Conclusion

Five (5) of the planned fourteen (14) audits (36%) are complete as at the end of the second quarter. Of the remaining nine (9) audits, four (4) are in progress and five (5) have not started. Overall nine (9) of the planned fourteen (14) audits (64%) are either complete or in progress.

Of the three (3) staged audits, two (2) audits are in progress.

Attachments

1. **2017-2018 Internal Audit Program Update**
2. **Internal Audit Scope - Information Fraud**
3. **Internal Audit Scope - WorkZone Traffic Management**
4. **Internal Audit Scope - Contractor Management**

2017/18 Internal Audit Program

Report as at 31 January 2018

Audit No.	Internal Audit	Audit Objectives	Quarter	Status	Comments
Status of 2016/17 Internal Audits Carried Forward					
1	Accounts Payable	<ul style="list-style-type: none"> An appropriate approval process is in place and in line with the CEO sub-delegations and Administration Policy: Financial Authorities Internal controls are assessed and operating effectively, including separation of duties Expenditure registers are maintained where applicable, including the Local Government Act 1999 (s79 Register of allowances and benefits and s105 Register of remuneration, salaries and benefits) Alignment with the Enterprise Risk Management Framework/operational risk register <p>Audit will also undertake data analysis of accounts payable data using data analytics software in order to analyse accounts payable data over an extended period.</p>	1	Complete	The audit, undertaken by the Contract Internal Auditor is complete and the final report is presented to the 10 October 2017 meeting of the Committee.
2	Hazard Register - WHS Controls	<p>The objectives of this audit are to evaluate and report on:</p> <ul style="list-style-type: none"> Audit will sample departmental hazards from the each departments hazard register and review the: <ul style="list-style-type: none"> completeness and existence of hazard registers and associated risk assessments processes and controls in place to ensure legitimacy linkage with the Enterprise Risk Management Framework through the use of the risk matrix. 	1	Complete	The audit, undertaken by the Contract Internal Auditor is complete and the final report is presented to the 10 October 2017 meeting of the Committee.

Not Started	In Progress	Complete	Deferred	Cancelled
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Report as at 31 January 2018

2017/18 Internal Audit Program

Audit No.	Internal Audit	Audit Objectives	Quarter	Status	Comments
3	Land and Building (Sale and Conveyancing) Act 2010 Section 12 Statements	The objectives of the review are to evaluate and report on the level of compliance with the: <ul style="list-style-type: none"> Land and Building (Sale and Conveyancing) Act 1994 (Sale and Conveyancing) Regulations 2010 (the Regulations) Opportunities for the introduction of better practices and process improvement 	1	Complete	The audit, undertaken by the Contract Legal Internal Auditor is complete and the final report is presented to the 10 October 2017 meeting of the Committee.
4	Food Act 2001.	The objectives of the review are to evaluate and report on the level of compliance with the: <ul style="list-style-type: none"> South Australian Food Act 2001 South Australian Food Regulations 2002 Australian Food Safety Standards Opportunities for the introduction of better practices and process improvement 	1	Complete	The audit, undertaken by the Contract Legal Internal Auditor is complete and the final report is presented to the 10 October 2017 meeting of the Committee.
Status of 2017/18 Internal Audits					
Assurance Audits					
5	Business Continuity and Emergency Management Plan - Review and Exercise Event.	A surprise mock event or scenario designed to test the effectiveness and/or raise awareness of the Business Continuity Emergency Management Plan (BCP).	4	Not Started	
6	Budget Planning and Strategic Planning Alignment	An audit to provide assurance whether the budgeting process is aligned with the organisations strategic objectives (Community Plan) and obligations under the Local Government Act, 1999 & CWT Policies.	3	Not Started	
7	Community Consultation	An audit designed to determine the effectiveness of community consultation when aligning and forming key business strategies such as the Community Plan and associated corporate and departmental service plans.	2	Not Started	

Not Started	In Progress	Complete	Deferred	Cancelled	

2017/18 Internal Audit Program

Report as at 31 January 2018

Audit No.	Internal Audit	Audit Objectives	Quarter	Status	Comments
8	Information Fraud	This organisation manages information of a confidential and commercially sensitive nature. This audit will test the robustness of the process of allocating and revoking information privileges.	2	In Progress	The audit, undertaken by the Contract Internal Auditor is in progress. An opening meeting was held during December 2017, data collection and interviews are underway. The approved audit scope is attached (Attachment 2).
Legislative Audits					
9	Governance Framework - Compliance with the Local Government Act.	An audit to determine whether the organisation is meeting its governance obligations under the Local Government Act, 1999.	4	Not Started	
Third Party Audits					
10	Vic Roads Annual Audit	Self-assessment mandated as part of the agreement with Vic Roads	1	Complete	The Enterprise Risk Officer completed this audit during July 2017.
Spot Audits					
11	Service Centre Procedures and Systems	This audit will test the provision of information form the Contact Centre aligns with the CWT telephone protocols, scripting, team agreements and stakeholder expectations.	3	Not Started	
12	Internal Audit Recommendations	An annual audit designed to provide assurance that the agreed audit findings actions are being completed consistent with the original action.	3	In Progress	The purpose of this audit is to verify that internal audit recommendations which are agreed for actioning (agreed actions) are completed in line with the auditor's recommendation. Rather than undertake a specific audit, the internal auditor will align a verification process against the existing six-monthly agreed action report. At the time of the report, each completed agreed action will be verified against the intent of the original audit recommendation and/or against

Not Started	In Progress	Complete	Deferred	Cancelled			

2017/18 Internal Audit Program

Report as at 31 January 2018

Audit No.	Internal Audit	Audit Objectives	Quarter	Status	Comments
WHS Audits					
13	Traffic Management	A WHS/Legislative Compliance audit to determine whether CWT (or contractor) traffic management activities occur in line with legislation to ensure the safe movement of people throughout the city.	2		<p>alternative measures which appropriately mitigate risk.</p> <p>An internal auditors statement of verification will be included as part of the Agreed Action Report.</p>
14	Contractor Management Audit	<p>The purpose of this audit is to:</p> <ol style="list-style-type: none"> 1. document progress against the 2012 audit findings and re-evaluate the overall compliance rating 2. establish policy compliance against the WHS Act and Regulations 3. report on departmental compliance against the current version of CWT Contractor Management Policy with emphasis on contractor induction, monitoring and evaluation. 4. report on compliance with the WHS aspects of contractor engagement as part of the procurement process, specifically the WHS information being provided and evaluated as part of the tender/quotation. 	2		<p>The audit, undertaken by the Contract Internal Auditor is in progress. An opening meeting was held during January 2018, data collection and interviews are underway. The approved audit scope is attached (Attachment 3).</p> <p>The audit, undertaken by the Contract Internal Auditor is in progress. An opening meeting was held during January 2018, data collection and interviews are underway. The approved audit scope is attached (Attachment 4).</p>

Not Started	In Progress	Complete	Deferred	Cancelled
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2017/18 Internal Audit Program

Report as at 31 January 2018

Audit No.	Internal Audit	Audit Objectives	Quarter	Status	Comments
15	Maintenance Plant and Equipment - Operational Sites	<p>Facilitative Audits (Long term duration).</p> <p>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:</p> <p>Gap Analysis (Internal Work Group)</p> <ul style="list-style-type: none"> • 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. <p>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:</p> <ul style="list-style-type: none"> • 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. 		<p>Stage 1 complete</p> <p>Stage 2 Not Started</p>	Phase 1 complete. The gap-analysis was presented to the July 2016 meeting of the Committee.

Not Started	In Progress	Complete	Deferred	Cancelled
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Report as at 31 January 2018

2017/18 Internal Audit Program

Internal Audit	Audit Objectives	Quarter	Status	Comments
16 Debtor Management	Stage 1: The objectives of the audit are to work with stakeholders to: <ul style="list-style-type: none"> Undertake a risk assessment against the process of debt management in its current state. Undertake high level benchmarking of debt management policies and debt ratios within the local government sector to propose methodologies which are effective and efficient in managing debt. To assess the current state of debt management and document a risk-based gap analysis which proposes findings for implementation. 	2	In Progress	Phase 1 is in progress. The gap-analysis was presented to the July 2016 meeting of the Committee. A meeting is scheduled with the Manager Financial Services during quarter 2 to progress this audit.
17 Continuous Audit - Procurement Roadmap (Stage 2).	Stage 2: The objectives of the audit are to work with stakeholders to: <ul style="list-style-type: none"> Develop debt management policy/methodology content including documenting the processes for debt escalation, recovery, waiver or write off. Develop a technical specification to quote for services with reference to correcting those gaps and/or control weaknesses identified and/or review options available through pre-existing purchasing panels. 	2	Stage 1 Complete Stage 2 & 3 In Progress	The audit, undertaken by the Contract Internal Auditor is in progress. An opening meeting was held during November 2017, data collection and interviews are underway.

Not Started	In Progress	Complete	Deferred	Cancelled
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2017/18 Internal Audit Program

Report as at 31 January 2018

Audit No.	Internal Audit	Audit Objectives	Quarter	Status	Comments
		<ul style="list-style-type: none"> • level of consultation • ease of obtaining relevant procurement / contractor management information • sufficient evidence of probity of process (documentation and reporting) • availability of contracts documents and templates <p>Roles and responsibilities - the audit will assess the:</p> <ul style="list-style-type: none"> • Roles and responsibilities are available and understood • Sufficiency of training to undertake procurement activity in accordance with the procurement policy and using the procurement processes, contracts and templates. 			

	Not Started	In Progress	Complete	Deferred	Cancelled
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Internal Audit Scope

Information Fraud Audit

Introduction

The approved 2017-18 Internal Audit Program provides for an internal audit to review the City of West Torrens' risk of information fraud. The *Council Policy Fraud and Corruption Prevention, Control, Reporting and Investigation* describes fraud as meaning 'the use of misrepresentation, deception or dishonest conduct in order to obtain benefit from our cause financial detriment to the CWT'. Information fraud is one subset of fraud involving the inappropriate access or use of an organisation's information.

Information fraud can arise from weaknesses in an organisation's information security. Fraud can occur when individuals have greater access to information than is required to perform their job roles or functions or when controls relating to the protection of information can be bypassed or are less robust than they should be. The Australian Government Information Security Management Manual (ISMM), while not mandated for Local Government, will be used by audit as guiding principles which promote strong information security (and therefore reduced risk of information fraud) within organisations.

It is well documented that a significant amount of fraud is uncovered via employee tipoffs. Consequently, it is important to understand Council's broader approach to minimising the risk of information fraud.

Audit Objectives

The objectives of the audit are to evaluate and report on the adequacy and effectiveness of Council's approach to managing the risk of information fraud. This will be achieved through a review of whether select information security controls are applied, as outlined in the ISMM, including:

- management of privileged access to information and core business systems (including whether higher-risk information/systems are identified and managed appropriately);
- controls related to cumulative access to information;
- oversight and review of temporary access to information;
- access controls related to personally identifiable information; and
- handling of incoming documentation including, but not limited to, mail and tender responses.

In addition, the audit will review:

- progress against prior audit findings in relation to logical security of Technology One Financials and BIS
- Council's broader approach to preventing the risk of fraud at a high level.

Audit Scope

This audit will include, but not be limited to, the following:

- Consideration of framework, policies and procedures in relation to information access, not limited to:
 - *Council Policy: Fraud and Corruption Prevention, Control, Reporting and Investigation*
 - *Administration Policy: Information Technology and its Use*
- Assessment of the adequacy of the process for allocating and revoking information privileges. This will include:
 - the approach to the allocation of basic privileges
 - information access when staff members' information needs change – I.e. position changes, acting responsibilities, contract positions
 - the approach to the use of mobile and portable storage devices
 - authorisations required to grant information access (delegations and sign offs required)
- Assess closure of findings from the 2013 internal audit into Logical Security (Technology One Financials and BIS)

The appropriateness of specific IT access may also be tested in detail, based on risk. Risk will be assessed based on discussion with the Program Leader Audit and Risk, relevant General Managers, auditor understanding of key risk areas (based on experience) and review of available information. These areas may include:

- Information privileges as granted to Freedom of Information (FOI) Officers/Software Administrators
 - this may also include a review around the auditability of what information FOI Officers and Software Administrators access
- A review of access to a sample of Council systems, selected on the basis of risk. Examples may include:
 - records information system
 - tender information systems
- Physical access to information, particularly confidential mail

Approach

The Program Leader Internal Audit and Risk will distribute the scope and overview of work to be performed with the management team prior to the commencement of testing. An opening meeting will be held with relevant managers where the Auditor will discuss the scope and overview of work to be performed prior to the commencement of testing.

A key component of the audit is to conduct interviews with managers and staff with the responsibility of engaging and or overseeing contracted work, to establish any issues, concerns or opportunities for improvements. Field-testing will be undertaken to establish if controls are implemented that are effective in addressing high to extreme risks.

An audit will be undertaken of available documents including CWT policies, documentation, procedure manuals, performance reports, correspondence etc. This is critical in supporting audit recommendations and providing evidence to support audit conclusions.

The audit is to be assessed using CWT approved Risk Management Framework and tools.

Risks

Potential risks associated with *Information Fraud* identified through Internal Audit include, but is not limited to:

- Non-compliance with legislation such as, but not limited to, the ICAC Act, Local Government Act and Mandatory Code of Conduct resulting in:
 - investigation by an external agency
 - fraud, corruption, misconduct and/or maladministration
 - breach of employment and associated performance management
 - conflicts of interest(s) not being declared
 - reputation damage
- Inadequate monitoring, follow up and reporting

General Administration

This audit will be performed by Galpins engaging BRM Holdich on the basis of their technical expertise in IT information security and governance.

Initial planning, interview and scoping commenced November 2017 with fieldwork and reporting to commence by negotiation during December of 2017. A draft report will be completed for Management Comment by 31 December 2017 to allow for corrections of fact and management comments to be incorporated. The final report will be issued to the Executive Management Team for review.

Audit Findings and Recommendation Ratings

Compliance Rating

Audit must provide a compliance rating. Compliance ratings are classified as having a good level of compliance, a substantial level of compliance, a partial 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>

Substantial level of compliance
Good level of compliance

There is a substantial level of compliance with legislation, policy, procedure and/or internal controls.
There is a good level of compliance with legislation, policy, procedure and/or internal controls.

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 20 / 11 / 2017



Internal Audit Scope

Workzone Traffic Management

Introduction

The City of West Torrens (CWT) and its contractors undertake a variety of works on or directly adjacent to roads. The hazards associated, range from the use of plant and machinery in and around the works, to road users travelling past the road site. The person responsible for all workzone traffic management at the worksite must carry a Workzone Traffic Management accreditation card at all times. All personnel required to work on roads should be aware of their responsibilities and legal obligations of how and when to use traffic control devices to provide a safe working environment for all.

The approved 2017-18 Internal Audit Program provides for an internal audit to review the CWT's compliance with Workzone Traffic Management (WZTM) practices under the *Work Health and Safety Act SA 2012* and associated regulations, the *Road Traffic Act 1961* and *Australian Standard 1742.3-2009*.

Audit Objectives

The objectives of the audit are to evaluate and report on the adequacy and effectiveness of Council's approach to workzone traffic management. This audit will evaluate and report on:

- CWT compliance with:
 - *Work Health Safety Act SA 2012 and associated regulations*
 - *Road Traffic Act 1961*
 - *Australian Standards 1742.3-2009 Manual of uniform traffic control devices*; and
- Any identified opportunities for the introduction of better practices and process improvement. By Whom

Audit Scope

This audit will include, but not be limited to, the following:

- Review the process and procedures for the management of Workzone Traffic management including:
 - Field-testing the application of WZTM practices conducted on-site by auditing 4-6 internal work teams; and

- Field-testing the application of WZTM practices conducted on-site by auditing 4-6 CWT contractors where CWT remains the principal contractor.
- Auditing the role being performed by authorised Council officers in managing/monitoring and documentation of contractor's application of WZTM.

Scope Exclusions

The audit will specifically exclude the following:

- Worksites that are managed by businesses engaged for the dedicated purpose of traffic management. This exclusion is on the basis that their risk is sufficiently lower than a contractor whose primary work is not traffic management; and
- Worksites where the Principal Contractor is not CWT on the basis that contract superintendent/project managers are engaged for their expertise and that third party auditing requires specific contractual agreement.
- Contractor procurement (RFQ/T, specification, response, evaluation, contract award and induction) on the basis that a planned contractor management audit will assess the broader approach to contractor management against the CWT Contractor Management Policy.

Approach

The Program Leader Internal Audit and Risk will distribute the scope and overview of work to be performed with the Manager City Operations and Manager People and Culture prior to the audit engagement and an opening meeting will be held where the Auditor will discuss the scope and overview of work to be performed prior to the commencement of testing.

A key component of the audit is to conduct interviews with Council officers who have the responsibility of overseeing works performed by Council staff as well as those who oversee contracted work, to establish any issues, concerns or opportunities for improvements. Field-testing will be undertaken to establish if controls are implemented that are effective in addressing high to extreme risks.

An audit will be undertaken of available documents including CWT policies, documentation, procedure manuals, training plans and records, performance reports, correspondence etc. This is critical in supporting audit recommendations and providing evidence to support audit conclusions.

The audit is to be assessed using CWT approved Risk Management Framework and tools.

Risks

Potential risks associated with *Workzone Traffic Management* identified through Internal Audit include, but is not limited to:

- Non-compliance with the *Work Health Safety Act SA 2012* resulting in:
 - investigation by an external agency
 - workplace injury/death/mutual liability claim
 - litigation
 - breach of employment and associated performance management
 - reputation damage
- General lack of documented evidence to support current practice resulting in:
 - being unable to substantiate and provide evidence to the regulator,
 - not demonstrating CWT due-diligence duties as required under the Act
 - fines/breach of duty etc.
- Inadequate monitoring, follow up and reporting

General Administration

This audit will be performed by Galpins engaging Adelaide OHS Consultants on the basis of their technical expertise in Work Health and Safety.

Initial planning, interview and scoping commenced November 2017 with fieldwork and reporting to commence by negotiation during December 2017. A draft report will be completed for Management Comment by 31 January 2018 to allow for corrections of fact and management comments to be incorporated. The final report will be issued to the Executive Management Team for review.

Audit Findings and Recommendation Ratings

Compliance Rating

Audit must provide a compliance rating. Compliance ratings are classified as having a good level of compliance, a substantial level of compliance, a partial 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 9 / 1 / 2018



Internal Audit Scope

Contractor Management Audit

Introduction

The approved Audit Program 2017-18 provides for an internal audit of *Contractor Management*. A previous audit occurred during 2012 which resulted in a finding of Non-Compliant. This audit has been bought forward as part of the 2016/17 Audit Program at the request of the CEO.

The *Work Health Safety Act, SA 2012* (the Act), requires the Person Conducting a Business or Undertaking (PCBU) to provide a safe work environment for its workers and others so that they are not put at risk by the work carried out by or on behalf of the City of West Torrens (CWT). CWT has the responsibility to ensure contractors engaged to undertake work on their behalf have established their own WHS safe systems of work. The CWT must have processes that ensure contractors engaged to undertake work on their behalf are appropriately insured and fully inducted, monitored and evaluated during the course of the contracted work.

The purpose of this audit is to:

1. document progress against the 2012 audit findings and re-evaluate the overall compliance rating
2. establish policy compliance against the WHS Act and Regulations
3. report on departmental compliance against the current version of CWT Contractor Management Policy with emphasis on contractor induction, monitoring and evaluation.
4. report on compliance with the WHS aspects of contractor engagement as part of the procurement process, specifically the WHS information being provided and evaluated as part of the tender/quotation.

This audit exempts from the audit the non-WHS related aspects of procurement such as the approach to market and the number of quotations being sorted.

Audit Objectives

The objectives of this audit are to evaluate and report on the level of compliance of the overall contractor management activity against the requirements of the Act and Regulations and Policy in order to identify any existing gaps and to identify opportunities for the introduction of better practices and process improvement.

Audit Scope

The audit is to evaluate and report on the level of compliance of the overall contractor management methodology against the Act and Regulations. The auditor(s) will review documents, not limited to the following:

- Contractor Management Policy
- Contractor induction, monitoring and evaluation templates
- Procurement Policy (contractor engagement)
- Procurement Contracts (WHS provisions and principal contractor)
- Procurement RFQ/T documents and schedules
- WHS Intranet pages & WHSIM plan (overview only)
- KPI Audit results (overview)
- Procurement Intranet Pages
- Australian Standards Contracts and Consultant led engagements

In addition to the above the Audit will also include field testing to determine the level of departmental compliance with the requirements against the current version of the Contractor Management Policy. The auditor(s) will review documents, not limited to the following:

- the completeness and quality of WHS aspects of tender/quotation responses received from suppliers, to demonstrate safe systems of work
- contractor inductions at contractor award (prioritise high risk contractors)
- contractor ongoing monitoring
- contractor evaluation
- completeness of contractor management documentation
- engagement of a principal contractor
- evidence of contractor pre-starts/toolbox meetings, internal auditing, site hazard registers, site inductions etc.

Approach

The Program Leader Internal Audit and Risk will distribute the scope and overview of work to be performed with the management team prior to the commencement of testing.

A key component of the audit is to conduct interviews with managers and staff with the responsibility of engaging and or overseeing contracted work, to establish any issues, concerns or opportunities for improvements. Field-testing will be undertaken to establish if controls are implemented that are effective in addressing high to extreme risks.

A review of will be undertaken of available documents including CWT policies, documentation, procedure manuals, performance reports, correspondence etc. will be undertaken. This is critical in supporting audit recommendations and providing evidence to support audit conclusions.

The audit is to be assessed using CWT approved Risk Management Framework and tools.

Risks

Potential risks associated with *Contractor Management* identified through Internal Audit include, but is not limited to:

- Non-compliance with WHS legislation specific to contractor management resulting in:
 - a notifiable incident resulting in external investigation by the regulator
 - injury or incident involving staff, contractor or members of the public
 - in ability to enforce contract conditions/pass on liability provisions
 - poor quality workmanship
- Inadequate monitoring, follow up and review of contractor performance

General Administration

This audit will be performed by Galpins engaging Adelaide OHS Consultants.

Initial planning, interview and scoping commenced during May 2017 with fieldwork and reporting to commence by negotiation during June of 2016-17. The audit shall identify findings specific for each CWT division/department as well as form an overall compliance rating.

A draft report will be completed for Management Comment by 31 July 2017 to allow for corrections of fact and management comments to be incorporated. The final report will be issued to the Executive Management Team for review.

Audit Findings and Recommendation Ratings

Compliance Rating

Audit must provide a compliance rating. Compliance ratings are classified as having a good level of compliance, a substantial level of compliance, a partial 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.

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<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

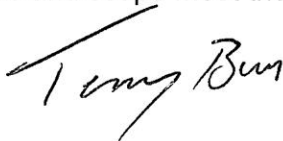
Findings/issues are classified in accordance with a risk rating consistent with Council's Risk Management Framework so that recommendations are reported as:

- *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



Chief Executive Officer

Date 24 15 1 2017

8.3.2 Internal Audit Recommendations and Actions Progress Report

Brief

This report presents progress against those internal audit recommendations that have been approved for actioning, as at 31 January 2018.

RECOMMENDATION

It is recommended to the Audit and Risk Committee that the report be received

Introduction

The Internal Audit Recommendation and Action Progress Report (Report) is presented to the Audit and Risk Committee (Committee) on approximately a six-monthly basis subject to the Committee meeting schedule. 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 by the Executive for non-priority actioning (Actions) for monitoring purposes.

Discussion

At its meeting of 08 August 2017 the Audit and Risk Committee resolved that:

1. *That the Internal Audit Recommendations and Actions Progress Report, being Attachment 1 to the Agenda report, be replaced in future reports with a summary table*

The summary table describing the status of approved actions is provided below. The table covers the period 31 July 2017 to 31 January 2018.

		Internal Audit Ratings - Level of Risk				
Status	Number	Extreme	High	Moderate	Low	Better Practice
Not Started	11			3	3	5
In Progress	34		1	25	2	6
Complete	2			1	1	
Total Actions	47		1	29	6	11
Outstanding Actions	45		1	28	5	11

At the commencement of this review period, there were a total of (47) actions approved for non-priority actioning.

Of the forty seven (47) open actions, two (2) were completed, thirty four (34) are in progress and eleven (11) actions were not started with most relating to long term actions being aligned to the next policy review date (which could be within the next four/five years). Of the thirty four (34) actions in progress, twelve (12) 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.

It is noted that new Managers have been recently appointed to the City Development and City Operations departments. In addition to this an organisational structure review created a new department, City Property. As a result, some of the originally agreed timeframes for action were extended to allow time for the newly appointed Managers to complete actions requested. These actions are scheduled to be completed prior to the August 2018 meeting of the Audit and Risk Committee.

One (1) finding relating to a Department specific Hazard Register - WHS controls review item was assessed with an 'operational risk' rating of high, albeit the overall finding by the auditor was 'moderate'. Consequently, the operational high risk action is currently being reviewed by the newly appointed Manager of the department. The secondary component of the action item relating to a presentation to Management will occur in March 2018 as per the original management response.

Conclusion

The six monthly Internal Audit Recommendation Action Progress Report details the status of those forty seven (47) internal audit recommendations that were approved for non-priority actioning of which thirty four (72.34%) are either complete or in progress.

Attachments

Nil

8.3.3 Dog and Cat Management Board 2016/17 Financial Audit

Brief

This report presents the results of the Dog and Cat Management 2016/17 Financial Audit undertaken by the Dog and Cat Management Board.

RECOMMENDATION

It is recommended to the Audit and Risk Prescribed Committee that the Dog and Cat Management 2016/17 Financial Audit be received.

Introduction

The Dog and Cat Management Board (Board) is required under the *Dog and Cat Management Act 1995* (Act) to undertake statutory compliance audits of each South Australian council.

Discussion

The Board recently completed the 2016/17 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 however, the Administration will consider the comments of the auditor.

Conclusion

The 2016/17 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.

Attachments

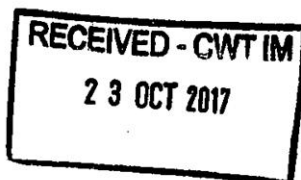
1. Dog and Cat Management Board 2016/17 Financial Audit Report



Government of South Australia
Dog and Cat Management Board

GPO Box 1047
Adelaide SA 5001
Ph: 08 8124 4962
Fax: 08 8124 4648

ABN 48 100 971 189
www.dogandcatboard.com.au



13 October 2017

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 2016/17 FINANCIAL AUDIT

The Dog and Cat Management Board recently undertook a 2016/17 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 Elizabeth Allen on (08) 8124 4746 or at elizabeth.allen@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 – Dog and Cat Management Board

Finance Audit and Form 26 – Audit Checklist

Name of Council:	WEST TORRENS	
Name of officer completing audit:	Elizabeth Allen	
Date audit commenced:	11/09/2017	
Checklist of Supporting documentation required:		
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"> o fees for the provision of extracts from registers kept under the Act o fees approved by the Minister, for the registration of dogs and businesses for the late payment of registration fees o for meeting any other requirements imposed on Councils under the Act. <p>Expenditure may include (for example):</p> <ul style="list-style-type: none"> o wages and apportionment of time for staff (e.g. AMO and administration staff) o building space used for dog management and relevant staff o vehicle used for dog management and relevant staff <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>	<ul style="list-style-type: none"> • Superannuation amount has doubled from sixteen thousand to thirty two thousand? <p>Data Submission error. Figure should be \$14,780 resubmitted with adjusted figure.</p> <ul style="list-style-type: none"> • No explanation what \$37,672.73 capital expenditure was spent on. <p>Council has purchased a new van.</p> <ul style="list-style-type: none"> • Council can not verify trade in amount and if that has been removed from costing. <p>Figure should be adjusted to remove trade in value.</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"> - Dog Registration fees - Dog registration transfers - Replacement dog registration discs <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> <p>(a) if the dog is desexed</p> <p>(b) if –</p> <p>(i) the dog has been implanted with a microchip for the purposes of identification; and</p> <p>(ii) the information contained in the microchip is up-to-date;</p> <p>(c) if the dog has passed a specified training program accredited by the Board,</p>	<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>	

8.4 EXTERNAL AUDIT

Nil

8.5 COMMITTEE PERFORMANCE AND REPORTING

Nil

9 OUTSTANDING REPORTS/ACTIONS

9.1 Open Actions Update

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

It is recommended to the Audit and Risk Committee that it notes the status of current open actions.

Introduction

A report is presented to each ordinary meeting of the Audit and Risk Prescribed General Committee (Committee) detailing the status of open actions from previous Committee meetings.

Discussion

This report provides an update of the current status of open actions (**Attachment 1**). All outstanding actions are complete as at 31 January 2018.

Conclusion

This report provides details of the status of the Committee's open actions from previous meetings.

Attachments

1. Open Actions Report

Audit and Risk Committee Open actions

February 2018

EMT = Executive Management Team
CEO = Chief Executive Officer
GMB&CS = General Manager Business & Community Services
GMCR = General Manager Corporate & Regulatory
GMUS = General Manager Urban Services
PLIA&R = Program Leader Internal Audit and Risk

	Target date	RO	Status		Meeting/s where item originally raised/reported	
			Actions taken	Status		
OPEN ACTIONS						
	Nil					
COMPLETED ACTIONS						
1	<p>Internal Audit Recommendations and Action Progress Report.</p> <p>That the methodology be tabled at a subsequent meeting of the Committee for reviewing the currency of the action items contained in Attachment 1 of the Agenda Report.</p>	Feb 2018	GMB&CS/ PLIA&R	An internal audit agreed action register has been developed and will be presented to the Audit Committee. The Enterprise Risk Officer has commence one-on-one training with Managers and is using this opportunity to have a discussion to validate the currency of the agreed actions and also the risk assessments.	Complete	Aug 2017
2	<p>Risk Workshop</p> <p>The administration agreed to hold a risk workshop which details the Enterprise Risk Management Frameworks and its application to strategic risk.</p>	Aug 2017	PLIA&R / GMB&CS	Strategic Risk workshop/presentation delivered on 10 October 2017.	Complete	May 2017

10 OTHER BUSINESS

11 CONFIDENTIAL

Nil

12 NEXT MEETING

10 April 2018, 6.00pm in the Mayor's Reception Room.

13 MEETING CLOSE