NOTICE

of

CORPORATE GOVERNANCE COMMITTEE MEETING

Pursuant to the provisions of Section 88(1) of the Local Government Act 1999

TO BE HELD IN

COMMITTEE ROOM
PLAYFORD CIVIC CENTRE
10 PLAYFORD BOULEVARD, ELIZABETH

MEMBERS MAY PARTICIPATE BY ELECTRONIC MEANS

ON

TUESDAY, 2 DECEMBER 2025 AT 5:00 PM

SAM GREEN
CHIEF EXECUTIVE OFFICER
Issue Date: Thursday, 27 November 2025

MEMBERSHIP

MR MARK LABAZ – PRESIDING MEMBER

Mr Peter Brass
Mayor Glenn Docherty
Cr Shirley Halls
Mr Martin White

City of Playford
Corporate Governance Committee Meeting

AGENDA
TUESDAY, 2 DECEMBER 2025 AT 5:00 PM

1 ATTENDANCE RECORD

1.1 Present

1.2 Apologies

1.3 Not Present

2 CONFIRMATION OF MINUTES

RECOMMENDATION

The Minutes of the Corporate Governance Committee Meeting held 7 October 2025 be confirmed as a true and accurate record of proceedings.

3 DECLARATIONS OF INTEREST

4 DEPUTATION / REPRESENTATIONS

Nil

5 STAFF REPORTS

Matters to be considered by the Committee Only

Matters delegated to the Committee

Matters for Information

6 INFORMAL DISCUSSION

7 INFORMAL ACTIONS

STAFF REPORTS

MATTERS TO BE CONSIDERED BY THE COMMITTEE ONLY

Matters delegated to the Committee

5.1 CORPORATE GOVERNANCE COMMITTEE 2026 MEETING SCHEDULE AND WORK PLAN

Responsible Executive Manager : Luke Culhane

Report Author : Sarah Schutz

Delegated Authority : Matters delegated to the Committee

Attachments : 1⇩. 2026 Corporate Governance Committee Work Plan and Schedule of Meetings

PURPOSE

The purpose of this report is for the Corporate Governance Committee to set the 2026 meeting schedule and review the proposed Work Plan (Attachment 1).

STAFF RECOMMENDATION

The Corporate Governance Committee endorse the 2026 Corporate Governance Committee Work Plan and Schedule of Meetings (Attachment 1).

EXECUTIVE SUMMARY

There are a range of functions that the Corporate Governance Committee (the Committee) is responsible for related to accounting, financial management, internal controls, risk management and governance matters.

In accordance with the Corporate Governance Committee Charter (the Charter), the Committee is required to determine its annual schedule of meetings. The 2026 schedule of meetings and Work Plan has been developed in consideration of the Charter, the 2025 Work Plan, and Section 126 of the *Local Government Act 1999* (the Act).

1. BACKGROUND

The Charter states that *'Meetings will be held on the first Tuesday of the month, starting at 5:00pm. The Committee will meet a minimum of six (6) times per annum. The Committee will determine an annual schedule of meetings. Meetings must occur at least quarterly'*.

The proposed 2026 meeting schedule is based on the 2025 meeting schedule.

The proposed 2026 Work Plan builds on the 2025 Work Plan, with minor updates to capture changes made during 2025 and to include items that were added, amended, or reviewed.

2. RELEVANCE TO STRATEGIC PLAN

Decision-making filter: We will ensure that we meet our legislative requirements and legal obligations.

In accordance with Section 126 of the Act, a Council must have an audit and risk committee, the Charter details how the Committee fulfils these obligations.

Scheduling meetings and setting the Committee's annual work plan ensures compliance with the requirement under Section 126(5) of the Act to hold at least one meeting each quarter and fulfils the Charter requirement to establish an annual meeting schedule.

3. PUBLIC CONSULTATION

There is no requirement to consult the public on this matter.

4. DISCUSSION

4.1 The 2026 meeting schedule has been developed in line with the 2025 meeting schedule. Feedback from the recent Committee self-assessment confirmed that the current number of meetings remains appropriate for the Committee's responsibilities.

4.2 The 2026 Work Plan has been developed with reference to the 2025 Work Plan, incorporating recommendations and scheduling changes implemented during 2025. The Charter has also been reviewed to ensure all Committee responsibilities are appropriately reflected.

5. OPTIONS

Recommendation

The Corporate Governance Committee endorse the 2026 Corporate Governance Committee Work Plan and Schedule of Meetings (Attachment 1).

Option 2

The Corporate Governance Committee endorse the 2026 Corporate Governance Committee Work Plan and Schedule of Meetings (Attachment 1) with the following amendments:

- _____
- _____
- _____

6. ANALYSIS OF OPTIONS

6.1 Recommendation Analysis

6.1.1 Analysis & Implications of the Recommendation

The recommendation aligns with the Charter and Section 126 of the Act concerning council audit and risk committees which came into effect on 30 November 2023.

Risk Appetite

Regulatory Compliance

Council has a zero tolerance for non-compliance with applicable legislation including but not limited to: Local Government Act (LGA) 1999; Independent Commissioner Against Corruption (ICAC) Act 2012; Work Health & Safety (WHS) Act 2012; Environment Protection Act (EPA) 1993; Development Act 1993; Equal Employment Opportunity legislation; and Public Consultation legislation.

This decision will ensure the Council meets its legal requirements. Under Section 126 of the Act, Council is required to establish an audit and risk committee to provide independent assurance and advice to Council on accounting, financial management, internal controls, risk management and governance matters. The proposed Work Plan has considered these functions.

6.1.2 Financial Implications

There are no financial or resource implications associated with the recommendation. Independent Member sitting fees are included in Council's budget.

6.2 Option 2 Analysis

6.2.1 Analysis & Implications of Option 2

The Committee may make amendments to the proposed schedule of meetings and Work Plan. Any proposed changes need to align to the Charter and Section 126 of the Act, and take into account potential conflicts with other Council meetings.

6.2.2 Financial Implications

If the Committee increase the number of meetings, this will increase the total sitting fees for Independent Members.

Corporate Governance Committee Work Plan 2026									
AGENDA	CGC Charter Reference	Report Type	Non-recurrent/ Recurrent	Meeting Dates					
				3 Feb 2026	7 Apr 2026	5 May 2026	4 Aug 2026	6 Oct 2026	1 Dec 2026
POLICY REVIEW									
Consider relevant Policies for CGC input (as needs basis)	2.6 Accounting, Internal Control, Reporting and other Financial Management Systems	Decision Report	N						
FINANCIAL MANAGEMENT									
External Audit:									
Annual External Audit Plan	2.5 Council's External Auditor	Information Report	R	External Auditor attend					
Management Update on Internal Control Findings (External Audit Interim Report)	2.3 Monitor Auditor Recommendations	Information Report	R						
Adoption of Annual Financial Statements & External Audit Report	2.1 Financial Reporting and 2.5 Council's External Auditor	Decision Report	R					External Auditor attend	
Meeting with External Auditor	2.5 Council's External Auditor	Informal Discussion (Committee Only)	R					External Auditor attend	
Review of External Auditor performance	2.5 Council's External Auditor	Information Report	R						
Budget Reviews	2.1 Financial Reporting	Information Report	R	Mid-year review				Budget Review One	
Rates Review (as needs basis)	2.1 Financial Reporting	Decision Report / Information Session	N						
Rolling Asset Revaluation Update	2.1 Financial Reporting	Information Report	R						
RISK MANAGEMENT									
Strategic Risk Report	2.8 Risk Management	Information Report	R						
Risk and WHS Audit Action Plans - Progress Update	2.8 Risk Management	Information Report	R						
Insurance Portfolio	2.8 Risk Management	Information Report	R						
Major Project Update (as needs basis)	2.8 Risk Management	Information Report	N						
Disaster Recovery Plan (as needs basis)	2.8 Risk Management	Information Report	N						
Business Continuity Plan (as needs basis)	2.8 Risk Management	Information Report	N						
INTERNAL AUDIT									
Internal Audit Work Plan	2.7 Internal Audit Function	Information Report	R						
Internal Audit Finding Reports (as needs basis)	2.3 Monitor Auditor Recommendations	Information Report	N						
Internal Audit Status Update (as needs basis)	2.3 Monitor Auditor Recommendations	Information Report	N						
STRATEGIC MANAGEMENT PLANS									
LTFP Update and Assumptions	2.2 Strategic Management Plans and Annual Business Plans	Informal Discussion	R						
Update on ABP, LTFP, SAMP	2.2 Strategic Management Plans and Annual Business Plans	Informal Discussion	R						
PRUDENTIAL REPORTS									
Prudential Reports (as needs basis)	2.9 Prudential Reports	Decision Report / Informal Discussion	N						
PUBLIC INTEREST DISCLOSURES									
Public Interest Disclosures (as needs basis)	2.10 Public Interest Disclosures	Information Report	N						
OTHER INVESTIGATIONS OR EVALUATIONS									
Other Investigations (Section 130A) (as needs basis)	2.4 Other Investigations or Evaluations	Decision Report	N						
COMMITTEE GOVERNANCE									
Workplan & Schedule of Meetings	4. Delegations	Decision Report	R						
CGC Communique	11. Reporting and Review	Informal Discussion	R						
Appointment of Presiding Member	4. Delegations	Decision Report	R						
Committee Self Assessment (external assessment - year of election) and Annual Report	11. Reporting and Review	Decision Report	R				External assessment	Findings	
CEO update		Information Report	R						
Training and Development (Finance, Risk and Standards update) (as needs basis)	9. Independent Member Support		N						

STAFF REPORTS

MATTERS TO BE CONSIDERED BY THE COMMITTEE ONLY

Matters for Information

5.2 INFORMATION MANAGEMENT INTERNAL AUDIT REPORT

Responsible Executive Manager : Sam Green

Report Author : Ninad Sinkar

Delegated Authority : Matters for Information

Attachments : 1⇩. Information Management Internal Audit Report

Purpose
The purpose of this report is for the Corporate Governance Committee to receive and note the Information Management Internal Audit Report (Attachment 1)

STAFF RECOMMENDATION

That The Corporate Governance Committee notes the Information Management Internal Audit Report (Attachment 1).

Relevance to Strategic Plan

The City of Playford is committed to delivering efficient services, this includes the efficient management of its risks and effective internal audit function. The implementation of the recommendations will positively impact service delivery to our community through optimum utilisation of resources, greater accountability, transparency, and continuous improvement of our processes.

Relevance to Community Engagement Policy

There is no requirement to consult the public on this matter.

Background

As part of the approved Internal Audit Plan, an Information Management Internal Audit was conducted. The objective of this audit was to assess the maturity, compliance, and effectiveness of Council's Information and Records Management (IM/RM) governance, systems, and culture; and to determine whether these are fit for purpose in supporting Council's strategic, operational, and legislative objectives.

Current Situation

The detailed observations and recommendations have been included in the Information Management Internal Audit Report (Attachment 1).

Future Action

Going forward, all action items will be tracked by the Internal Auditor. The intention is to ensure all actions are undertaken by their due dates or approved amended timelines.

Information Management Internal Audit Report

Submitted by
Mr Ninad Sinkar
Internal Auditor

City of Playford

P: (08) 8256 0146
nsinkar@playford.sa.gov.au
www.playford.sa.gov.au

October 2025

Table of Contents

1 Executive Summary and Background

1.1 Objective

In accordance with the 2024/25 Internal Audit Plan, an Information Management Internal Audit was conducted. Its purpose was to assess the maturity, compliance, and effectiveness of Council's Information and Records Management (IM/RM) governance, systems, and culture — and to determine whether these are fit for purpose in supporting Council's strategic, operational, and legislative objectives.

To evaluate whether Council's information and records management:

1. Complies with the State Records Act 1997 and the State Records of South Australia (SRSA) Information Management Standard v1.3 (2023);
2. Enables efficient, reliable, and secure capture, storage, and retrieval of Council information; and
3. Reflects a mature culture of accountability, transparency, and risk-based management of information assets.

The audit was undertaken at a timely stage in the Council's information management journey. Since the post-ICAC records management improvement initiative (2018–19), Council has made significant progress in developing a sound governance framework and strengthening its policy foundation for information management. The adoption of the Information Management Framework (2021) further demonstrated Council's commitment to managing information as a strategic and organisational asset.

Building on these achievements, this audit assessed how effectively the intent of these frameworks is being embedded in day-to-day practice. The audit examined the day to day use and integration of key systems — including ECM, Microsoft Teams, SharePoint, Outlook, and OneDrive — with a focus on identifying opportunities to enhance usability, consistency, and cultural alignment across the organisation.

1.2 Scope

Based on the objectives outlined above, the scope of the internal audit included consideration of the following:

1. **Information Management Framework and Governance**
    - Assess the completeness, relevance, and operationalisation of the City of Playford's Information Management Framework, Adopted – 2021.
    - Review alignment with South Australia Information Management Standard (the Standard)
2. **Maturity and Compliance**

    Assess maturity and compliance against the principles of information management:

    - The value of information is known
    - Information is created and managed appropriate to risk
    - Ownership is assigned

- Information can be relied upon
- Information is available as required

3. **Organisational Culture and Capability**
    - Evaluate staff engagement, behaviours, and awareness of records management responsibilities.
    - Identify cultural and practical barriers to effective records management.
    - Assess whether the Information Management team is well placed within the organisation to effectively support, influence, and work with all departments.

4. **Ease of Record Handling**
    - Examine ease of record creation, classification, and metadata use.
    - Assess record retrieval and search capability—focusing on user pain points, search reliability, and usability.

1.3 Audit Approach

A multi-layered approach was applied:

- **Document review:** IM Framework (2021), SRSA Standard (2023), SRSA Maturity Survey (2023), related procedures, and training resources.
- **Staff engagement:** Detailed questionnaires and multiple interviews across various teams (Assets, Engineering, City Operations, City Services, Community Engagement, Executive Support).
- **Leadership discussions:** CEO and General Managers provided strategic and governance perspectives.
- **Observation of systems:** Review of ECM, Teams, Outlook and SharePoint environments

1.4 Executive Summary

1. Policy Strength but Operational Weakness

The 2021 IM Framework clearly articulates obligations and aligns with SRSA principles, yet most staff (interviewed and responded via questionnaire) are only partially aware of it. While policies are well-established and clearly articulated, further work is needed to ensure their consistent and practical application across operations.

2. System Fragmentation and Duplication

The Council's information environment includes multiple systems — ECM (TechOne), Teams, SharePoint, Outlook, Pathway, and shared drives. ECM is the approved corporate records management system, while the other platforms are used primarily for collaboration and day-to-day work. However, because these systems are not integrated, staff often keep working drafts in Teams or SharePoint and manually upload

final versions to ECM. This dual workflow creates duplication, increases the risk of incomplete record capture, and reduces overall efficiency.

3. Usability Challenges in ECM

Staff consistently described ECM as slow, unintuitive, and difficult to search. Common pain points included inconsistent application of metadata fields such as document title, subject, record type, and business unit classification, along with confusing folder structures and limited search filters. One respondent noted, "I can never find what I need in ECM — it's easier to ask someone for the file." Such perceptions erode compliance and confidence in ECM as the primary records management system.

4. Rise of Microsoft Teams as the Default Workspace

Collaboration and document creation overwhelmingly occur in **Teams and SharePoint**. While these tools enable real-time co-authoring, they lack formal recordkeeping controls. Without integration or automated archiving, much of the organisation's current work remains outside the formal recordkeeping environment.

5. Cultural Awareness vs Behavioural Follow-Through

Across all interviews, staff recognised Information Management as essential for accountability but admitted that compliance is "extra admin work." Training is available and encouraged; the Information Management team is seen as supportive yet under-resourced and not empowered to enforce compliance. This creates a "knowing–doing gap" — staff understand the principles of good information management but do not consistently apply them in daily practice, such as saving records in ECM or applying correct metadata.

6. Leadership Commitment and Vision

The CEO and General Managers have expressed strong interest in improving digital capabilities and smarter information management. During interviews, they described a future vision of intuitive, search-driven access to records across all systems. Achieving this will require investment in metadata governance, system integration, and information quality controls. Metadata governance involves setting clear standards and responsibilities for how records are described, tagged, and classified across systems such as ECM, SharePoint, and Pathway. Consistent metadata improves searchability, data integrity, and system connectivity — laying the groundwork for future digital and AI-enabled information access

7. Maturity Position

Based on SRSA's 2023 Maturity Survey and audit evidence, Playford currently sits between Basic and Operational maturity. Policy maturity is well-established; however, implementation and monitoring processes have not yet reached the same level of maturity.

1.5 Information Management Improvement Project – Implementation Roadmap (2025–2027)

Based on the audit findings and overall opinion, Internal Audit recommends that Council establish a dedicated **Information Management Improvement Project**. This will ensure the audit findings are addressed through a coordinated, well-resourced, and monitored program rather than isolated process changes. The initiative should provide a clear pathway for Council to progress from its current *Basic–Operational* maturity level toward a sustainable, future-ready information management environment. Achieving this will require coordinated governance, system integration, and sustained behavioural change supported by appropriate oversight, resourcing, and reporting.

Accordingly, Internal Audit proposes that the initiative be formally established within Council's Project Factory for oversight, resourcing, and reporting.

Project Scope

The roadmap applies to all business units using ECM, Teams, SharePoint, Outlook, and other repositories. Focus areas include:

- Governance and framework alignment
- System integration and automation
- Culture, capability, and accountability uplift
- Monitoring and performance reporting

Project Phases and Deliverables

Phase	Timeline	Key Deliverables	Expected Outcome
1. Governance and framework	Q1–Q2 2026	• Update IM Framework to align with SRSA v1.3 • Establish Information Asset Register • identify where final records live versus where work is done	Clear governance alignment and accountability structure.

2. Systems Integration & Policy Development	Q2–Q3 2026	• Pilot ECM–M365 integration and metadata automation • Develop Teams/SharePoint content lifecycle policy	Reduced manual recordkeeping; improved consistency and control.
3. Culture & Capability Uplift	Q3–Q4 2026	• Launch IM awareness campaign • Establish IM Champions network • Mandate information management training • Embed IM in leadership accountability measures	Improved staff engagement and ownership of IM responsibilities.
4. Monitoring & Continuous Improvement	Q4 2026–Q1 2027	• Quarterly ELT reporting • Annual IM audit • Develop IM dashboard tracking ECM use, training, and disposal activity	Ongoing measurement of performance and compliance maturity.
5. Optimisation & Future-Ready Integration	FY2027 onward	• Implement AI-assisted record classification • Enterprise-wide search capability • Embed IM into Ongoing digital and system improvement projects	Sustainable, automated, and intelligence-enabled IM environment.

1.6 Summary of internal audit observations and overall Audit Opinion and finding – Moderate Assurance

Internal Audit Internal Audit concludes that Council's current approach to records management is not functioning effectively and that TechOne ECM is not operating as the organisation's primary and trusted system of record. While governance structures and executive commitment to Information Management exist, they are not translating into consistent operational practice across the organisation. Staff predominantly use collaboration platforms such as Microsoft Teams, SharePoint, and Outlook to create, store, and access information, with limited transfer of final or authoritative records into ECM. This has resulted in fragmented information practices, duplication of documents, inconsistent record capture, and difficulty locating complete or reliable information when required. Although no deliberate non-compliance or regulatory breaches were identified, the absence of systematic record capture, combined with limited ECM usability and the lack of integration between ECM and the M365 environment, poses a material and ongoing risk that Council's corporate records may be incomplete, inaccessible, or unreliable. Without decisive action to simplify recordkeeping processes, integrate core systems, and strengthen cultural accountability, Council will be unable to achieve a compliant, efficient, and trustworthy records management environment. The observations and recommendations have been discussed with the CEO, and this report incorporates management action plans and target dates.

Ref	Observation
2.1	IM Framework not reviewed, tested or monitored for compliance
2.2	Inconsistent record capture/classification
2.3	Lack of system integration/automation
2.4	Inconsistent ownership and accountability for Information Management
2.5	Inconsistent metadata and record reliability
2.6	Inconsistent access and search limit effectiveness of ECM
2.7	Information Management not embedded in organisational culture

1.7 Management response to the findings and recommendations from Internal Audit

1. Management acknowledges and accepts the findings outlined in the Information Management Internal Audit Report.
2. All observations will be incorporated into a broader, coordinated program of work delivered through our Project Management Framework. This approach will ensure strong governance, clear accountability, effective resourcing, and appropriate change management.
3. The project will be assessed and prioritised alongside other organisational initiatives. This process will determine the timing and sequencing of the project's implementation.

2 Internal audit observations

2.1 Information Management Framework not reviewed, tested or monitored for compliance

Observation(s) and impact

The Information Management Framework (2021) articulates strong intent, defining clear governance roles for the CEO, General Managers, and Information Management Team.
It references SRSA's five principles and positions information as a "strategic asset essential to Council's transparency and accountability."
However, the Framework has not been reviewed since its adoption and therefore predates the 2023 State Records Information Management Standard (v1.3).
No structured process exists for annual self-assessment or reporting of compliance to the Executive Leadership Team. Internal Audit notes that while governance structures exist, "implementation discipline has faded since the original ICAC recommendations."
The Information Management team provides operational guidance but lacks a formal mechanism for escalation when departments consistently underperform.
There is also no performance dashboard or KPI suite linked to the organisation's broader governance reporting. Information Management compliance indicators (training completion, ECM usage, disposal activity) are not monitored systematically.

Evidence

- The IM Framework (2021) was found to be comprehensive in principle but lacks operational procedures for monitoring or enforcement.
- Staff across five business units confirmed they are unaware of any IM reporting or measurement at departmental level.
- No record of formal review or update to align with SRSA 2023.

Impact:

- The absence of a review cycle risks misalignment with current legislative standards.
- Without measurement or reporting, compliance cannot be demonstrated or improved.

Recommendation(s)

Internal Audit recommends

1) Updating and reissuing the Information Management Framework to align with SRSA v1.3 (2023).
2) Introducing a biennial self-assessment and reporting process to the ELT.
3) Including Information Management maturity indicators (e.g., ECM usage, metadata completion, training participation) and improve the reporting process.

2.2 Inconsistent Record Capture and Classification Practices

Observation(s) and impact

Internal Audit noted significant variation in record capture practices across Council.
While ECM (TechOne) remains the official system of record, many staff use Teams and Outlook as their primary workspace. Documents are often stored in Teams folders or email attachments without being registered into ECM. This disconnect has created what staff describe as "parallel recordkeeping systems". In several interviews, staff expressed uncertainty about what qualifies as a record.
As one respondent stated: "We know policies and reports go in ECM, but for working documents and emails, everyone does their own thing."

Metadata entry within ECM is inconsistent and may involve using generic titles to expedite upload. This results in poor search accuracy and undermines the ability to demonstrate a full and accurate record of business activity. Some teams (particularly Engineering and City Assets) maintain better discipline due to external regulatory oversight (e.g., project documentation), but others rely almost entirely on Microsoft Teams for storage.

Evidence

- 7 of 10 respondents indicated they "regularly save documents in Teams or Outlook" rather than ECM.
- Audit interviews and staff feedback indicated that ECM use varies significantly between departments, reflecting inconsistent record capture practices.
- Staff highlighted the absence of automated prompts or tools linking Microsoft Teams and ECM

Impact:

- Compliance risk: Failure to consistently capture records in ECM contravenes SRSA Principle 2.
- Operational inefficiency: Staff waste time searching or duplicating work.
- Accountability risk: Incomplete record trails may impede transparency during reviews or investigations

Recommendation(s)

Internal audit recommends

1. Pilot AI-assisted metadata classification tools to streamline registration.
1. Provide clear directions and training on “what to capture, where, how and by whom.”
2. Conduct annual spot-checks of ECM record completeness for major projects.

2.3 Lack of System Integration and Automation

Observation(s) and impact

The audit identified lack of system integration as one of the primary inhibitors of compliance.
ECM and Microsoft Teams, SharePoint, OneDrive operate independently with no automated record capture or metadata transfer. Users must manually upload documents to ECM, enter metadata, and reapply access controls — a time-intensive process that discourages adherence.
Several staff members noted that uploading files to ECM is "the last thing they do, if at all."
The current workflow relies on human discipline rather than system design.
The absence of automation also limits Playford's readiness for future AI-assisted governance and discovery tools.

Evidence

- Staff surveys indicated that ECM is "not linked" to Teams or Outlook.
- The Information Management team confirmed no integration module or automation pilot is currently in place.

Impact:

- Manual, effort-driven compliance reduces reliability and scalability.
- Increased potential for missed or delayed record capture.
- Limits Council's capacity to implement enterprise search or analytics solutions.

Recommendation(s)

Internal Audit recommends that

2. Prioritise integration between ECM and Microsoft Teams, SharePoint, Outlook through an upcoming Digital Transformation Program.
3. Pilot AI-assisted metadata classification tools to streamline registration.
4. Evaluate vendors and technology options that enable seamless record transfer.

2.4 Inconsistent Ownership and Accountability for Information Management

Observation(s) and impact

While governance roles are documented, accountability for compliance is not consistently enforced. Managers are responsible for ensuring their teams maintain records, yet there is no systematic monitoring or performance reporting. The Information Management team plays a support role but lacks formal authority to enforce adherence. In practice, accountability resides in pockets of good practice rather than across the organisation. The absence of designated Information Management champions or liaison officers within departments has created a reliance on the Information Management team for day-to-day decisions, limiting their strategic capacity.

Evidence

- 70% of staff indicated they would seek IM Team help rather than their line manager for record queries.
- No evidence of regular IM performance reporting to ELT.
- Departmental managers acknowledged that IM compliance "is not something we measure."

Impact:

- Lack of consistent accountability contributes to variable compliance practices across departments.
- Dependence on the IM Team rather than distributed ownership.
- Reduced cultural maturity and compliance sustainability.

Recommendation(s)

Internal Audit recommends that

1. Establish Departmental IM Champions in each business unit.
2. Introduce quarterly compliance reports (ECM usage, metadata completeness, training) to the ELT

2.5 Inconsistent Metadata and Record Reliability

Observation(s) and Impact(s)

The reliability of Council records depends on the completeness, accuracy, and authenticity of stored information.

Based on interviews with staff and responses to the audit questionnaire, Internal Audit noted inconsistencies in metadata entry and file naming conventions.

These inconsistencies make ECM searches unreliable and compromise the integrity of audit trails.

Users often bypass detailed metadata fields by entering short generic titles (e.g., "Meeting Minutes" or "Report Draft").

Searches using keywords or project numbers frequently return incomplete or irrelevant results.

Evidence

- Multiple staff reported difficulty locating records in ECM due to "vague names" or "wrong categories."
- Non-standard naming across projects.
- SRSA Maturity Survey 2023 rated Playford "Developing" in information reliability.

Impact:

- Inefficient retrieval and potential duplication of effort.
- Reduced confidence in ECM as the source of truth.
- Audit and FOI responses maybe delayed due to search limitations.

Recommendation(s)

Internal Audit recommends that

1. Develop and enforce metadata and naming standards for all records.
2. Conduct annual QA reviews of ECM record sets to verify metadata consistency.
3. Automate metadata fields where possible, reducing manual input errors.

2.6 Inconsistent Access and Search Limit Effectiveness of ECM

Observation(s) and Impact(s)

Internal Audit noted that access to information across systems is fragmented. While Teams and SharePoint are praised for real-time collaboration, ECM's search and retrieval functionality remains poor. Staff must often check multiple platforms to find a document — "Teams for working files, ECM for finals, and Outlook for attachments." No enterprise-wide search engine exists to bridge these systems, and Teams site proliferation has created "data silos" with unclear ownership.

Evidence

- 9 of 10 staff reported ECM search as "difficult" or "time-consuming."
- Information Management team confirmed no enterprise search capability exists.
- SRSA Maturity Survey rated Playford "Basic "for accessibility.

Impact:

- Lost productivity and user frustration.
- Risk of incomplete FOI or audit responses.
- Potential for information gaps during decision-making.

Recommendation(s)

Internal Audit recommends that:

1. Implement a cross-repository search solution indexing ECM, Teams, and SharePoint.
2. Develop a content lifecycle policy for SharePoint (creation, retention, archival, and deletion).
3. Align search and access protocols with data privacy and security standards.

2.7 Information Management Not Embedded in Organisational Culture

Observation(s) and Impact(s)

Cultural factors remain the largest determinant of IM effectiveness.

While staff demonstrate conceptual awareness, Information and Records management is perceived as "extra admin" rather than part of core work. There is also no structured awareness campaign to connect Information Management to Council's strategic outcomes or transparency commitments.

Departments vary significantly in their recordkeeping discipline; some have strong practices (Assets, Planning), while others rely heavily on personal drives or email folders.

The Information Management team, though regarded as approachable and helpful, has limited capacity to deliver proactive training or audits.

Impact:

- Sustained risk of non-compliance due to behavioural drift.
- Continued reliance on manual intervention by the Information Management team.
- Reduced organisational resilience and knowledge retention.

Recommendation(s)

Internal Audit recommends:

1. Launch a comprehensive Information Management Awareness Program highlighting the strategic value of information.

5.3 CORPORATE GOVERNANCE COMMITTEE WORK PLAN

Responsible Executive Manager : Luke Culhane

Report Author : Sarah Schutz

Delegated Authority : Matters for Information

Attachments : 1⇩. 2025 Corporate Governance Committee Work Plan

Purpose

The purpose of this report is for the Corporate Governance Committee (the Committee) to review and monitor the Committee's Work Plan and ensure it is meeting the obligations set out in the *Local Government Act 1999* (the Act) and its Charter.

STAFF RECOMMENDATION

The Corporate Governance Committee receive the 2025 Corporate Governance Committee Work Plan (Attachment 1).

Relevance to Strategic Plan

Decision-making filter: We will ensure that we meet our legislative requirements and legal obligations.

The Committee is a requirement under Section 126 of the Act, the Charter details how the Committee fulfils these obligations, and the Work Plan (Attachment 1) is the planning tool to ensure that the Committee meets the requirements of the Charter.

Relevance to Community Engagement Policy

There is no requirement to undertake public consultation as part of this report.

Background

The Corporate Governance Committee was established at the commencement of the 2022 council term and the Committee fulfils the legislative requirements to have an audit committee under Section 126 of the Act. The purpose of the Committee is to provide independent assurance and advice to Council on accounting, financial management, internal controls, risk management and governance matters.

Current Situation

The attached Work Plan has been developed as a tool to ensure that the business of the Committee is appropriately planned on an annual basis and the Committee is meeting the obligations of the Act and its Charter. At each meeting, the Work Plan is reviewed and updated if required.

Future Action

The Committee will receive a report on the forward Work Plan at each Committee meeting.

Corporate Governance Committee Work Plan 2025											
AGENDA	CGC Charter Reference	Report Type	Non-recurrent/ Recurrent	Meeting Dates							
				3 Feb 2025	17 Mar 2025	1 Apr 2025	6 May 2025	5 Aug 2025	7 Oct 2025	2 Dec 2025
POLICY REVIEW										
Consider relevant Policies for CGC input (as needs basis)	2.6 Accounting, Internal Control, Reporting and other Financial Management Systems	Decision Report	N							
FINANCIAL MANAGEMENT										
External Audit:										
External Audit Contract (as needs basis)	2.5 Council's External Auditor	Decision Report	N							
Annual External Audit Plan	2.5 Council's External Auditor	Information Report	R	External Audit Attend						
Management Update on Internal Control Findings (External Audit Interim Report)	2.3 Monitor Auditor Recommendations	Information Report	R							
Adoption of Annual Financial Statements & External Audit Report	2.1 Financial Reporting and 2.5 Council's External Auditor	Decision Report	R						External Audit Attend	
Meeting with External Auditor	2.5 Council's External Auditor	Informal Discussion (Committee Only)	R						External Audit Attend	
Annual Review of External Audit services	2.5 Council's External Auditor	Information Report	R							
Mid Year Review - End of Year Forecast	2.1 Financial Reporting	Information Report	R							
Rates Review (as needs basis)	2.1 Financial Reporting	Decision Report / Information Session	N							
Rolling Asset Revaluation Update	2.1 Financial Reporting	Information Report	R							
RISK MANAGEMENT										
Strategic Risk Report	2.8 Risk Management	Information Report	R							
Risk and WHS Audit Action Plans - Progress Update	2.8 Risk Management	Information Report	R							
Insurance Portfolio	2.8 Risk Management	Information Report	R							
Major Project Update (as needs basis)	2.8 Risk Management	Information Report	N							
Disaster Recovery Plan (as needs basis)	2.8 Risk Management	Information Report	N							
Business Continuity Plan (as needs basis)	2.8 Risk Management	Information Report	N							
INTERNAL AUDIT										
Internal Audit Work Plan	2.7 Internal Audit Function	Information Report	R							
Internal Audit Finding Reports (as needs basis)	2.3 Monitor Auditor Recommendations	Information Report	N							
Internal Audit Status Update (as needs basis)	2.3 Monitor Auditor Recommendations	Information Report	N							
STRATEGIC MANAGEMENT PLANS										
LTFP Update and Assumptions	2.2 Strategic Management Plans and Annual Business Plans	Informal Discussion	R							
Update on ABP, LTFP, SAMP	2.2 Strategic Management Plans and Annual Business Plans	Informal Discussion	R							
PRUDENTIAL REPORTS										
Prudential Reports (as needs basis)	2.9 Prudential Reports	Decision Report / Informal Discussion	N							
PUBLIC INTEREST DISCLOSURES										
Public Interest Disclosures (as needs basis)	2.10 Public Interest Disclosures	Information Report	N							
OTHER INVESTIGATIONS OR EVALUATIONS										
Other Investigations (Section 130A) (as needs basis)	2.4 Other Investigations or Evaluations	Decision Report	N							
COMMITTEE GOVERNANCE										
Workplan & Schedule of Meetings	4. Delegations	Decision Report	R							
CGC Communique	11. Reporting and Review	Informal Discussion	R							
Appointment of Presiding Member	4. Delegations	Decision Report	R							
Committee Self Assessment and Annual Report	11. Reporting and Review	Decision Report	R					Process	Findings	
CEO update		Information Report	R							
Training and Development (Finance, Risk and Standards update) (as needs basis)	9. Independent Member Support		N							

INFORMAL DISCUSSION

6.1 Content for the Corporate Governance Committee Communique

Presenter: Luke Culhane, General Manager Corporate Services

Purpose: For the Committee to provide input into the Corporate Governance Committee Communique for the December 2025 meeting.

Duration: 5 minutes

Section 126(8)(a) of the *Local Government Act 1999* states the audit and risk committee of a Council must provide a report to the Council after each meeting summarising the work of the Committee during the period preceding the meeting and the outcomes of the meeting.

INFORMAL DISCUSSION

8.1 REVALUATION OF ASSETS

Contact Person: Luke Culhane

Why is this matter before the Council or Committee?

Informal Discussion

Purpose

For the Committee to make a determination on whether to deal with this matter in confidence.

A. COMMITTEE TO MOVE MOTION TO GO INTO CONFIDENCE

STAFF RECOMMENDATION

Pursuant to Section 90(2) of the *Local Government Act 1999* an order is made that the public be excluded from attendance at the meeting, with the exception of:

- Chief Executive Officer;
- General Manager City Assets;
- General Manager Corporate Services;
- Senior Manager Financial Services;
- Senior Manager Assets and Delivery;
- Governance Support;
- Minute Taker;

in order to consider in confidence agenda item 8.1 under Section 90(3)(b) of the *Local Government Act 1999* on the basis that:

(b) information the disclosure of which -

i) could reasonably be expected to confer a commercial advantage on a person with whom the council is conducting, or proposing to conduct, business, or to prejudice the commercial position of the council; and

ii) would, on balance, be contrary to the public interest.

This matter is confidential because the report relates to the investment of council money in the 2026/27 Annual Business Plan.

On the basis of this information, the principle that meetings should be conducted in a place open to the public has been outweighed in this instance. The Committee consider it necessary to consider this matter in confidence.

Section B below to be discussed in the confidential section of the agenda once the meeting moves into confidence for each item.

B. The Matters as per item 8.1

C. COMMITTEE TO DECIDE HOW LONG ITEM 8.1 IS TO BE KEPT IN CONFIDENCE

Purpose

To resolve how long agenda item 8.1 is to be kept confidential.

STAFF RECOMMENDATION

Pursuant to Section 91(7) of the *Local Government Act 1999*, the Committee orders that the following aspects of Item 8.1 be kept confidential in accordance with the Committee's reasons to deal with this item in confidence pursuant to Section 90(3)(b) of the *Local Government Act 1999*:

- Presentation for Item 8.1

This order shall operate until the publication of the 2026/27 Annual Business Plan; and will be reviewed and determined as part of the annual review by Council in accordance with Section 91(9)(a) of the *Local Government Act 1999.*

Pursuant to Section 91(9)(c) of the *Local Government Act 1999*, the Committee delegates to the Chief Executive Officer the power to revoke this order at any time, and the Chief Executive Officer must advise the Committee of the revocation of this order as soon as possible after such revocation has occurred.