



NOTICE

of

CORPORATE GOVERNANCE COMMITTEE MEETING

*Pursuant to the provisions of Section 84(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, 5 DECEMBER 2023 AT 5:00PM

**SAM GREEN
CHIEF EXECUTIVE OFFICER**

Issue Date: Thursday, 30 November 2023

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, 5 DECEMBER 2023 AT 5:00PM

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 3 October 2023 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 and referred to Council

Matters which have been delegated to staff but they have decided not to exercise their delegation

- 5.1 Risk Appetite Statement and Risk Management Fundamental Principles (Attachments)6

Matters to be considered by the Committee Only

Matters for Information

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- 5.3 Risk Evaluation Action Plans (Attachments).....29
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6 INFORMAL DISCUSSION

Nil

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INFORMAL DISCUSSION

- 8.3 Update on discussion with the external auditor regarding performance.....64

9 CLOSURE

STAFF REPORTS

MATTERS TO BE CONSIDERED BY THE COMMITTEE AND REFERRED TO COUNCIL

***Matters which have been
delegated to staff but they have
decided not to exercise their
delegation***

5.1 RISK APPETITE STATEMENT AND RISK MANAGEMENT FUNDAMENTAL PRINCIPLES

Responsible Executive Manager : Sam Green

Report Author : David Gustafson

Delegated Authority : Matters which have been delegated to staff but they have decided not to exercise their delegation

Attachments :

1. [Reviewed Risk Appetite Statement](#)
2. [Reviewed Risk Appetite Statement - With Track Changes](#)
3. [Reviewed Risk Management Fundamental Principles](#)
4. [Reviewed Risk Management Fundamental Principles - With Track Changes](#)

PURPOSE

The purpose of this report is for Council to consider and endorse the reviewed Risk Appetite Statement and Risk Management Fundamental Principles.

STAFF RECOMMENDATION

1. That Council endorse the Risk Appetite Statement (*Attachment 1*)
2. That Council note the Reviewed Risk Management Fundamental Principles (*Attachment 3*)
3. That Council delegate endorsement of the Risk Management Fundamental Principles document and future reviews to the CEO.

EXECUTIVE SUMMARY

The Risk Appetite Statement and Risk Management Fundamental Principles ('the Risk Principles') set Council's overarching commitment to managing risk across the organisation. The two documents are due for a scheduled review and are presented to Council with recommended changes.

In reviewing these documents, it has been identified that the Risk Principles essentially act as an internal document that applies to Council staff as opposed to the elected Council. As this document has previously been endorsed by Council the recommendation is for Council to delegate endorsement of this document and any future reviews to the CEO. The Risk Appetite Statement will still be presented to Council, with the recommended changes.

1. BACKGROUND

Council has previously endorsed the Risk Appetite Statement and Risk Principles at the Ordinary Council meeting on 27 April 2021. Both documents have a scheduled review within 12 months of a periodic election.

2. RELEVANCE TO STRATEGIC PLAN

This item ensures that Council sets a high-level commitment to risk management. The effective management of risk is critical to ensuring we can achieve the objectives set out in the Council's Strategic Plan 2020-24.

3. PUBLIC CONSULTATION

There is no requirement for public consultation related to this item.

4. DISCUSSION

- 4.1 It is the role of Council to provide the high-level intent and commitment to risk management. Council has previously done this by endorsing the Risk Appetite Statement and Risk Principles.
- 4.2 In addition to the two Council endorsed documents, an Integrated Risk Management Framework (IRMF) is in place, which is endorsed by the CEO. The IRMF sets a structured risk management process for the organisation to ensure we are meeting the intention of the Risk Appetite Statement and Risk Principles.
- 4.3 The Risk Appetite Statement provides guidance on where the City of Playford is willing to engage with higher levels of risk for a greater opportunity and benefit in achieving objectives. The statement sets the risk appetite across six major risk categories: Service Delivery, Financial Sustainability, Reputation, Environmental Impact, Regulatory Compliance and Work Health and Safety.
- 4.4 Risk appetite is considered in all business activities and is important in stimulating debate and providing guidance and clarity on the acceptable level of risk-taking in day-to-day decision making. The reviewed Risk Appetite Statement for Council consideration is provided at *Attachment 1*. A version with the tracked changes is included at *Attachment 2*.
- 4.5 The recommended changes to the Risk Appetite Statement are minor changes to wording, grammar and formatting throughout the document. There are no proposed changes to the appetite level for each risk category, however the colour of the boxes within the Risk Appetite scale have been updated to reflect the corresponding level of risk within the risk matrix. The reason for this change is to assist workers to easily identify the link between risk assessments and the risk appetite of Council.
- 4.6 The Risk Principles are a set of eight principles which provide the key guiding direction for Council on matters relating to the management of risk.
- 4.7 The recommended changes to the Risk Principles are the inclusion of the third Foundation Principle, Attend to the Needs of Others, within Fundamental Principle number 3 and minor changes to grammar throughout the document. The reviewed Risk Principles document is provided at *Attachment 3*. A version with the tracked changes is included at *Attachment 4*.
- 4.8 In reviewing the Risk Principles, it has been identified that they essentially act as an internal document that applies to Council staff as opposed to the elected Council. As such it would be more appropriate to delegate endorsement of this document to the CEO.

5. OPTIONS

Recommendation

1. That Council endorse the Risk Appetite Statement (*Attachment 1*)
2. That Council note the Reviewed Risk Management Fundamental Principles (*Attachment 3*)
3. That Council delegate endorsement of the Risk Management Fundamental Principles

document and future reviews to the CEO.

Option 2

1. That Council endorse the Risk Appetite Statement (Attachment 1) with the following changes:
 - _____
 - _____
 - _____
2. That Council note the Reviewed Risk Management Fundamental Principles (Attachment 3).
3. That Council delegate endorsement of the Risk Management Fundamental Principles document and future reviews to the CEO.

Option 3

That Council do not endorse the Risk Appetite Statement and Risk Management Fundamental Principles and instruct Administration to review and rewrite the documents to be brought back to Council at a later meeting.

6. ANALYSIS OF OPTIONS

6.1 Recommendation Analysis

6.1.1 Analysis & Implications of the Recommendation

The endorsement of the Risk Appetite Statement and delegating endorsement of the Risk Principles, provides clear guidance and direction to management in Council's overarching commitment to risk and willingness to accept risk (appetite).

The benefit to having these documents in place is that it encourages a culture where innovative and progressive opportunities can be considered while taking a measured approach to risk management.

Risk Appetite

Reputation

Council has a low appetite for negative perceptions that compromise its credibility and reputation, achievement of its long-term vision (Playford Community Vision 2043) and strategic objectives, or ability to maintain its status as a progressive and major growth Council.

This decision will demonstrate to the community Council's commitment to managing risk while achieving its long-term vision.

6.1.2 Financial Implications

There are no financial or resource implications.

6.2 Option 2 Analysis

6.2.1 Analysis & Implications of Option 2

Option 2 provides the same benefits as above; however, Council may want to consider some amendments to the Risk Appetite Statement.

6.2.2 Financial Implications

There are no direct financial implications for option 2. However, endorsing a different appetite for risk may have a positive or negative financial impact on future decisions.

6.3 Option 3 Analysis

6.3.1 Analysis & Implications of Option 3

Council may determine that the Risk Appetite Statement and/or Risk Principles require further amendments and request Administration to make changes and present updated documents for Council consideration at a future meeting.

6.3.2 Financial Implications

Making further amendments will require some staff time to review the documents, this can be done within existing resources.

Risk Appetite Statement



Benefits of Risk Appetite Statement

The City of Playford (COP) Risk Appetite Statement (willingness to accept risk) provides guidance on where the COP is willing to engage with higher levels of risk for a greater opportunity and benefit and to achieve our strategic objectives. The international standard for Risk Management - Guidelines (ISO 31000:2018) describes risk as: *"the effect of uncertainty (either positive, negative or both) on objectives"*. Understanding risk appetite stimulates debate; provides guidance and clarity on the acceptable levels of risk-taking in day-to-day decision making; supports a consistent approach across the organisation; and provides the basis for consistent communication to different stakeholders (e.g. community, customers, employees, external regulators, and business partners).

The COP expects all employees to understand our risk appetite and appropriately manage risks. A risk aware culture provides an environment where innovation and creativity are encouraged through risk-based decision making to support the achievement of strategic objectives. The Risk Appetite Statement should be considered in all business activities and at all stages of work. All COP employees are responsible for having regular risk conversations that are open and transparent; achieve set outcomes; are held at all levels of the organisation; and result in effective decision making.

Risk Appetite

The COP faces a range of risks arising from its core operational activities as well as risks inherent in the delivery of its strategic objectives and major projects. In general, the COP's appetite for risk reflects a commitment to:

- **Financial Sustainability**- that supports delivering services, maintaining assets, and achieving strategic objectives in a financially sustainable manner
- **Service Delivery**- including enhancing existing services and programs to improve the social, recreation and health and wellbeing outcomes for residents and meeting the needs of the community
- **Protecting Reputation**- including maintaining public confidence in the achievement of the long-term vision (Community Vision 2043) and strategic objectives; working collaboratively with the State Government, as well as industry, community, and neighbouring councils
- **Regulatory Compliance**- with applicable laws and regulations, including work health and safety, and environmental protection

The COP accepts there is a certain level of inherent risk in working to drive social and economic transformation that is needed to revitalise Playford through investments, such as major projects and Council initiatives, a commitment to the delivery of infrastructure, and looking more broadly for opportunities to grow and develop the community. The COP acknowledges that effectively identifying and managing emerging risks is integral to maintaining our status as a progressive and major growth Council.

Risk Appetite Scale

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
Willingness to accept no risk at all <i>Avoidance of risk and uncertainty is a key objective</i>	Willingness to accept very little risk <i>Prefer safe options with little risk of adverse exposure</i>	Willingness to accept some reasonable risk <i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	Willingness to accept a high level of risk <i>Eager to engage with risks where the benefit is much greater</i>
No risk appetite No appetite for any form of risk and uncertainty as a key organisational objective. The COP accepts only safe and certain core operations, service delivery and investment options.	Risk-averse position Avoidance of most risk, and uncertainty as a key organisational objective. The COP's preference is for safe and certain core operations, service delivery and investment options.	Accepting approach to risk Accepting a moderate degree of risk, and uncertainty in -core operations, service delivery and investment options. The COP's preference is for sustainable, efficient, and effective options.	Risk-seeking position The COP is innovative and entrepreneurial in its strategy and delivery of business objectives and chooses core operations, service delivery and investment options offering high customer satisfaction / service quality / return on investment, despite greater inherent risk and uncertainty, in these activities.

Risk Appetite Ratings

The City of Playford has rated its risk appetite across the six major risk types as set out below.

Risk Type	Willingness To Accept Risk			
	CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Medium)	OPEN (High)
Service Delivery			X	
Financial Sustainability		X		
Reputation		X		
Environmental Impact		X		
Regulatory Compliance	X			
Work Health & Safety	X			

Service Delivery

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has a MODERATE appetite for supporting and enhancing existing services and programs to improve the social, recreation and health and wellbeing outcomes for residents, as well as driving social and economic transformation through major projects and Council initiatives, which will create jobs and act as a catalyst for private investment into Northern Adelaide to support the growing population.</p> <p>The COP will increasingly use innovative problem-solving approaches and smart technological solutions to ensure it makes best use of available resources to meet stakeholder and community demands and improve performance. The COP will adhere to its customer guarantee which outlines how it communicates better with customers, strengthens customer service, and supports the delivery of customer-focused services.</p> <p>The COP will implement service standards that articulate: the level of service Council delivers; the expected community outcome and benefit; community cost / investment; and community measures.</p>			

Financial Sustainability

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has a LOW appetite for short-term financial risk that adversely impacts on the delivery of the Long Term Financial Plan (LTFP) and the COP's overall financial stability and sustainability. The LTFP ensures Council can deliver services, maintain assets, and achieve its strategic objectives in a financially sustainable manner.</p>			

Reputation

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has a LOW appetite for negative perceptions that compromise its credibility and reputation and the achievement of its long-term vision (Community Vision 2043) and strategic objectives, or ability to maintain its status as a progressive and major growth Council.</p> <p>The COP's reputation for integrity and competence and maintaining public confidence should not be compromised with key stakeholders, the community, and the Government.</p> <p>The COP will plan for proactive media advice and management and be prepared for reputation and crisis management advice and support.</p>			

Environmental Impact

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has a LOW appetite for discretionary environmental impacts that may arise from its business strategies and operations.</p> <p>The COP is committed to managing the environmental impact of its activities by seeking to develop solutions that reduce both environmental impacts and costs.</p> <p>The COP will promote the principles of ecologically sustainable development that incorporates avoiding, remedying or mitigating adverse effects of activities on the environment.</p> <p>As far as is reasonably practicable, appropriate measures will be taken to protect, restore, and enhance the quality of the environment; and prevent, reduce, minimise and where practicable, eliminate harm to the environment.</p>			

Regulatory Compliance

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has ZERO TOLERANCE for risks of non-compliance with applicable legislation including but not limited to: Local Government Act 1999; Independent Commissioner Against Corruption Act 2012; Work Health & Safety Act 2012; Environment Protection Act 1993; Planning, Development and Infrastructure Act 2016; Equal Opportunity Act 1984; Return to Work Act 2014.</p>			

Work Health and Safety

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has ZERO TOLERANCE for risks that jeopardise compliance with work health and safety laws and put the physical and mental health of people in danger.</p> <p>The COP is committed to creating a safe working environment for all employees, contractors, volunteers, visitors and members of the public.</p> <p>The COP is committed to the highest standards of WHS through excellent leadership, empowerment, teamwork, individual commitment, and accountability, so that no one's health and safety is put at risk by what we do.</p> <p>The COP's safety goals will incorporate: reduced incidence of work-related injury or illness; reduced exposure to hazards and risks; improved hazard controls; and improved work health and safety systems.</p>			

Administration use only

ECM document set no.	3550423
Version no.	3
Endorsed by	Council
Resolution no.	TBA
Legal requirement	Nil
Review schedule	Within 12 months of a periodic election
Date of current version	TBA
Date of next review	August 2027

Version history

Version no.	Approval date	Approval by	Change
1	25 June 2019	Council	New Document
2	27 April 2021	Council	Endorsement to align with Risk Management Fundamental Principles
3	TBA	Council	Minor changes to formatting and wording throughout.



Benefits of Risk Appetite Statement

The City of Playford (COP) Risk Appetite Statement (willingness to accept risk) provides guidance on where the COP is willing to engage with higher levels of risk for a greater opportunity and benefit and to achieve our strategic objectives. The international standard for Risk Management - Guidelines (ISO 31000:2018) describes risk as: *"the effect of uncertainty (either positive, negative or both) on objectives"*. Understanding risk appetite stimulates debate; provides guidance and clarity on the acceptable levels of risk-taking in day-to-day decision making; supports a consistent approach across the organisation; and provides the basis for consistent communication to different stakeholders (e.g. community, customers, employees, external ~~regulators~~regulators, and business partners).

Engagement is Key

The COP expects all employees to understand our risk appetite and appropriately manage risks. A risk aware culture provides an environment where innovation and creativity isare encouraged through risk-based decision making to support the achievement of strategic objectives. The ~~–~~ Risk Appetite Statement should be considered in all business activities and at all stages of work. All COP employees are responsible for having regular risk conversations that are open and transparent; achieve set outcomes; are held at all levels of the organisation; and result in effective decision making.

Risk Appetite

The COP faces a range of risks arising from its core operational activities as well as risks inherent in the delivery of its strategic objectives and major ~~growth~~ projects. In general, the COP's appetite for risk reflects a commitment to:

- ~~Long-Term~~ **Financial Sustainability**, that supports delivering services, maintaining ~~assets~~assets, and achieving ~~its~~ strategic objectives in a financially sustainable manner.
- **Service Delivery**, including enhancing existing services and programs to improve the social, recreation and health and wellbeing outcomes for residents and meeting the needs of the community.
- **Protecting ~~its~~ Reputation**, ~~for integrity and competence~~, including maintaining public confidence in the achievement of the ~~long-term~~long-term vision (Community Vision 2043) and strategic objectives; ~~and~~ working collaboratively with the State Government, as well as, industry, community, and neighbouring councils.
- **Regulatory Compliance**, with applicable laws and regulations, including ~~W~~work ~~H~~health and ~~Safety~~, and safety, and environmental protection.

The COP accepts there is a certain level of inherent risk in working to drive social and economic transformation that is needed to revitalise Playford through ~~a number of~~ investments, such as major projects and Council initiatives, a commitment to the delivery of infrastructure, and looking more broadly for opportunities to grow and develop the community. The COP acknowledges that effectively identifying and managing ~~these~~ emerging risks is integral to maintaining our status as a progressive and major growth Council.

Risk Appetite Scale

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<p>Willingness to accept no risk at all</p> <p><i>Avoidance of risk and uncertainty is a key objective</i></p>	<p>Willingness to accept very little risk</p> <p><i>Prefer safe options with little risk of adverse exposure</i></p>	<p>Willingness to accept some reasonable risk</p> <p><i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i></p>	<p>Willingness to accept a high level of risk</p> <p><i>Eager to engage with risks and opportunities where the potential benefit is much greater</i></p>
<p>No risk appetite</p> <p>There is zero tolerance / no appetite for any form of risk, complexity and uncertainty as a key organisational objective. The COP accepts only safe and certain core operations, service delivery and investment options.</p>	<p>Risk-averse position</p> <p>There is a avoidance of any form of most risk, complexity and uncertainty as a key organisational objective. The COP's preference is for safe and certain core operations, service delivery and investment options.</p>	<p>Accepting approach to risk</p> <p>The COP accepts a moderate degree of risk, complexity and uncertainty in its core operations, service delivery and investment options. It seeks The COP's preference is for sustainable, efficient, and effective options, that have a low degree of inherent risk.</p>	<p>Risk-seeking position</p> <p>The COP is innovative and entrepreneurial in its strategy and delivery of business objectives and chooses core operations, service delivery and investment options offering higher customer satisfaction / service quality / return on investment, despite greater inherent risk and uncertainty, and complexity in these activities.</p>

Risk Appetite Ratings

The City of Playford has rated its risk appetite across the six major risk types as set out below.

Risk Type	Willingness to Accept Risk			
	CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Medium)	OPEN (High)
Service Delivery			X	
Financial Sustainability		X		
Reputation		X		
Environmental Impact		X		
Regulatory Compliance	X			

Work Health & Safety	X			
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Service Delivery

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has a MODERATE appetite for supporting and enhancing existing services and programs to improve the social, recreation and health and wellbeing outcomes for residents, as well as; and driving social and economic transformation through a number of major projects and Council initiatives, which will create jobs and act as a catalyst for private investment into Northern Adelaide to support the growing population.</p> <p>The COP will increasingly use innovative problem-solvingproblem-solving approaches and smart technological solutions to ensure it makes best use of available resources to meet stakeholder and community demands and improve performance. The COP will adhere to its cCustomer gGuarantee (five guiding statements) whichthat outlines how it communicates better with customers, strengthens customer service, and supports the delivery of customer-focused services.</p> <p>The COP will implement sService sStandards that articulate: the level of service Council delivers; the expected community outcome and benefit; community cost / investment made; and community measures.</p>			

Financial Sustainability

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has a LOW appetite for short-term financial risk that adversely impacts on the delivery of the Long Term Financial Plan (LTFP) and the COP's overall financial stability and sustainability. The LTFP ensures Council can deliver services, maintain assetsassets, and achieve its strategic objectives in a financially sustainable manner.</p>			

Reputation

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has a LOW appetite for negative perceptions that compromise its credibility and reputation and the achievement of its long-term vision (Playford Community Vision 2043) and strategic objectives, or ability to maintain its status as a progressive and major growth Council.</p> <p>The COP's reputation for integrity and competence, and competence and maintaining public confidence should not be compromised with key stakeholders, the community community, and the Government.</p> <p>The COP will plan for proactive media advice and management and be prepared for reputation and crisis management advice and support.</p>			

Environmental Impact

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has a LOW appetite for discretionary environmental impacts that may arise from its business strategies and operations.</p> <p>The COP is committed to managing the environmental impact of its activities by seeking to develop solutions that reduce both environmental impacts and costs.</p> <p>The COP will promote the principles of ecologically sustainable development* that incorporates avoiding, remedying or remedying or mitigating adverse effects of activities on the environment.</p> <p>As far as is reasonably practicable, appropriate measures will be taken to :(1) P protect, restore restore, and enhance the quality of the environment; and (2) P prevent, reduce, minimise and where practicable, eliminate harm to the environment.</p> <p>*Ecologically sustainable development can be defined as: 'using, conserving and enhancing the community's resources so that ecological processes, on which life depends, are maintained, and the total quality of life, now and in the future, can be increased'.</p>			

Regulatory Compliance

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has ZERO TOLERANCE for <u>risks of</u> 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; <u>Planning, Development and Infrastructure Act 1993</u>; Equal Employment Opportunity Act 1984; <u>Return to Work Act 2014</u>; legislation; and Public Consultation legislation.</p>			

Work Health and Safety

CONTROLLED (Zero Tolerance)	CAUTIOUS (Low)	ACCEPTING (Moderate)	OPEN (High)
<i>Avoidance of risk and uncertainty is a key objective</i>	<i>Prefer safe options with little risk of adverse exposure</i>	<i>Willing to consider all options that are most likely to result in successful delivery, while also providing a reasonable degree of protection from high risks</i>	<i>Eager to engage with risks where the benefit is much greater</i>
<p>The COP has ZERO TOLERANCE for risks that jeopardise compliance with work health and safety laws and put the physical and mental health of people in danger.</p> <p>The COP is committed to creating a safe working environment for all employees, contractors, volunteers, visitors and members of the public.</p> <p>The COP is committed to the highest standards of WHS through <u>excellent</u> leadership, empowerment, team <u>workteamwork</u>, individual commitment, and accountability, so that no one's health and safety is put at risk by what the business does <u>we do</u>.</p> <p>The COP's <u>s</u>Safety <u>g</u>Goals will incorporate: (1) Rreduced incidence of work-related injury or illness; (2) Rreduced exposure to hazards and risks; (3) IImproved hazard controls; and (4) IImproved work health and safety <u>infrastructure systems</u>.</p>			

Administration use only

ECM document set no.	Insert number 3550423
Version no.	32
Endorsed by	Council
Resolution no.	4550 TBA
Legal requirement	Nil
Review schedule	Within 12 months of a periodic election
Date of current version	27 April 2024 TBA
Date of next review	August 2027 April 2023

Version history

Version no.	Approval date	Approval by	Change
1	25 June 2019	Council	New Document
2	27 April 2021	Council	Endorsement to align with Risk Management Fundamental Principles
3	TBA	Council	Minor changes to formatting and wording throughout.



Risk Management Fundamental Principles

Introduction

The Fundamental Principles for risk management at the City of Playford (COP) provide the key guiding direction for Council on matters relating to the management of risk. They are, effectively, the COP risk management statement of intent and should be read in conjunction with the COP Risk Appetite Statement.

The following are the COP Risk Management Fundamental Principles:

Fundamental Principle 1

All risk management activities will be undertaken in alignment with the International Standard, *ISO 31000:2018 Risk Management - Guidelines*

Fundamental Principle 2

Risk management will be embedded in all planning and activities undertaken across Council.

Fundamental Principle 3

The COP will adopt and embed a risk-based approach to all activities and adhere to Council's Foundation Principles of Full Disclosure, Do No Harm and Attend to the Needs of Others.

Fundamental Principle 4

The Risk Management Fundamental Principles and Risk Appetite Statement will be reviewed and endorsed by Council within 12 months after the conclusion of each periodic election.

Fundamental Principle 5

All documents relating to risk management will be in alignment.

Fundamental Principle 6

All personnel representing the City of Playford will have access to risk management training initially at induction upon commencement with Council and complete mandatory training, as required.

Fundamental Principle 7

The suite of risk management systems and tools will be maintained and updated in response to stakeholder feedback, changing requirements of the business and industry best practice.

Fundamental Principle 8

Risk management will be dynamic, iterative and responsive to change. Risk owners will monitor and review risks as they are identified or when the context and knowledge of a risk changes.

Administration use only

ECM document set no.	4014908
Version no.	2
Endorsed by	Council
Resolution no.	TBA
Legal requirement	Nil
Review schedule	Within 12 months of a periodic election
Date of current version	TBA
Date of next review	August 2027

Version history

Version no.	Approval date	Approval by	Change
1	27 April 2021	Council	New Document
2	TBA	Council	Addition of third Foundation Principle (Attend to the Needs of Others). Minor changes to wording of Fundamental Principles



Risk Management Fundamental Principles

Introduction

The Fundamental Principles for risk management at the City of Playford (COP) provide the key guiding direction for Council on matters relating to ~~the~~ management of risk. They are, effectively, the COP risk management statement of intent and should be read in conjunction with the COP Risk Appetite Statement.

The following are the COP Risk Management Fundamental Principles:

Fundamental Principle 1

All risk management activities will be undertaken in alignment with the International Standard, *ISO 31000:2018 Risk Management - Guidelines*

Fundamental Principle 2

Risk management will be embedded in all planning and activities undertaken across Council.

Fundamental Principle 3

The COP will adopt and embed a ~~risk-based~~risk-based approach to all activities and adhere to Council's Foundation Principles of Full Disclosure, ~~and~~ Do No Harm and Attend to the Needs of Others.

Fundamental Principle 4

The Risk Management Fundamental Principles and Risk Appetite Statement will be reviewed and ~~approved~~endorsed by Council within 12 months after the conclusion of each periodic election.

Fundamental Principle 5

All documents relating to risk management will be in alignment.

Fundamental Principle 6

All personnel representing the City of Playford will have access to risk management training initially at induction upon commencement with Council and complete mandatory training, as required.

Fundamental Principle 7

The suite of risk management ~~suite of risk tools~~systems and tools will be maintained and updated in response to stakeholder feedback, changing requirements of the business and industry best practice.

Fundamental Principle 8

Risk management will be dynamic, iterative and responsive to change. Risk owners will monitor and review risks as they are identified ~~or when,~~ the context and knowledge of a risk changes, ~~and new risks emerge,~~ while others disappear.

Administration use only

ECM document set no. 4014908
Version no. 24
Endorsed by Council
Resolution no. TBA4550
Legal requirement Nil
Review schedule Within 12 months of a periodic election
Date of current version 27 April 2024TBA
Date of next review April 2023August 2027

Version history

Version no.	Approval date	Approval by	Change
1	27 April 2021	Council	New Document
<u>2</u>	<u>TBA</u>	<u>Council</u>	<u>Addition of third Foundation Principle (Attend to the Needs of Others). Minor changes to wording of Fundamental Principles</u>

STAFF REPORTS

MATTERS TO BE CONSIDERED BY THE COMMITTEE ONLY

Matters for Information

5.2 CORPORATE GOVERNANCE COMMITTEE WORKPLAN

Responsible Executive Manager : Sam Green

Report Author : Zoey Squires

Delegated Authority : Matters for Information

Attachments : 1 [↓](#). 2023 Corporate Governance Committee Workplan

Purpose

The purpose of this report is for 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 Committee receive the 2023 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 requirement 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 *Local Government Act 1999* 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 2023									
AGENDA	CGC Charter Reference	Report Type	Non-recurrent/ Recurrent	Meeting Dates					
				2 May 2023	1 Aug 2023	3 Oct 2023	5 Dec 2023	6 Feb 2024	2 Apr 2024
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 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			
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			Postponed	Rescheduled		
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	2.8 Risk Management	Information Report	R						
Business Continuity Plan	2.8 Risk Management	Information Report	R						
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	2.3 Monitor Auditor Recommendations	Information Report	R						
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						
COMMITTEE GOVERNANCE									
Workplan & Schedule of Meetings	4. Delegations	Decision Report	R						
Appointment of Presiding Member	4. Delegations	Decision Report	R						
Committee Self Assessment and Annual Report	11. Reporting and Review	Decision Report	R						
CEO update		Information Report	R						
Training and Development (Finance, Risk and Standards update) (as needs basis)	9 Independent Member Support		N						
						Process	Findings		
						Postponed	Rescheduled		

5.3 RISK EVALUATION ACTION PLANS

Responsible Executive Manager : Sam Green

Report Author : Kyla Ormrod

Delegated Authority : Matters for Information

Attachments :

- 1. 2022-23 - Risk Evaluation - WHS Action Plan
- 2. Draft 2023-24 - Risk Evaluation - WHS Action Plan
- 3. 2022-23 - Risk Evaluation - Risk Management Action Plan
- 4. Draft 2023-24 - Risk Evaluation - Risk Management Action Plan

Purpose

The purpose of this report is to provide the Corporate Governance Committee with an update on the LGRS Risk Evaluation Action Plans for 2022-2023 and to provide the draft version of the proposed Risk Evaluation Action Plans for 2023-2024.

STAFF RECOMMENDATION

That the Corporate Governance Committee receive and note the progress update on the Risk Evaluation Action Plans.

Relevance to Strategic Plan

Community Theme 5: Using money wisely

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

Regular auditing of our risk and work health safety systems and implementing action plans to address findings helps ensure that we are utilising resources wisely while meeting our legislative requirements and legal obligations.

Relevance to Community Engagement Policy

There is no requirement for community engagement in this report.

Background

The LGA Workers' Compensation Scheme (LGAWCS) and LGA Mutual Liability Scheme (LGAMLS) conduct regular risk evaluations of all councils in South Australia. The aim of the risk evaluation process is to review Council's risk management systems (including WHS and injury management) against both local government industry baselines and other external requirements such as legislation and Return to Work SA work health and safety standards for self-insured employers.

The evaluation assists Council to recognise and share local government risk management excellence, identify where opportunities for system improvements exist and to implement identified improvements. The most recent Risk Evaluation Report and the 2022-23 Risk Evaluation Action Plans were provided to the Committee at the April 2023 meeting.

The risk evaluation is generally conducted every two years. Playford was not due for the risk evaluation this year, however we are still required to develop action plans to address any

outstanding findings from previous audits as well as opportunities for continuous improvement of our risk, WHS and injury management systems. The Evaluation Action Plan timeframe begins from 01 October and completion of the plans is required by 30 September each year.

Current Situation

WHS Action Plan

The completed 2022-23 WHS Action Plan is provided as *Attachment 1*. With the agreement of the LGAMLS, one of the actions that had originally been planned was substituted for three new actions relating to the management of our First Aid kits across Council. The LGAWCS has signed off on 100% completion of the plan by the 30 September 2023 deadline. Completing the plan ensures that we will receive the maximum rebate possible on our 2024-25 workers' compensation insurance premium.

The draft 2023-24 WHS Action Plan is provided as *Attachment 2*. Completion of this plan is a requirement of the LGAWCS. Failure to complete the plan would impact on Council's workers' compensation insurance premium in the 2025-26 financial year.

The draft plan is currently being reviewed by the Risk and Safety Adviser at the LGAWCS and will then undergo peer review within the LGAWCS. The purpose of the peer review is to ensure the actions address previous audit findings or are continuous improvement of the WHS system and that the action plan has an adequate amount of work, giving consideration to the available resources and size of Council. The peer review usually only results in minor changes to the wording of some actions. As such we have already started work on delivering the WHS Action Plan.

Risk Management Action Plan

The completed 2022-23 Risk Management Action Plan is provided as *Attachment 3*. With the agreement of the LGAMLS three of the actions originally planned have been deferred to the 2023-24 action plan and in their place, actions relating to the Strategic Risk Register review were added to the 2022-23 plan. The LGAMLS signed off on 100% completion of the plan by the 30 September 2023 deadline.

The draft 2023-24 Risk Management Action Plan is provided as *Attachment 4*. Completion of this plan is a requirement of the LGAMLS, however there is no financial penalty for failing to complete it.

The draft plan has had an initial review by the Risk Adviser at LGAMLS and is currently undergoing peer review within the LGAMLS. Work has started on the actions in the meantime.

Future Action

A progress update on the 2023-24 Risk Evaluation Action Plans will be provided to the Corporate Governance Committee at a later meeting in 2024.

Risk Evaluation – WHS Action Plan

Action	Planned Completion Month	Current Status	Comments
Event Risk Management			
Review current risk assessment process for event management (eg Carols, Australia Day) with the information on event safety provided by SafeWork SA.	Oct-22	Completed	
Develop a draft risk assessment template for events that is aligned to the event safety information provided by SafeWork SA.	Oct-22	Completed	
Undertake and implement a risk assessment using the new template for the December Carols event and seek feedback from stakeholders.	Dec-22	Completed	
Emergency Management			
Develop mock first aid drills in SkyTrust for the Grenville Hub as a test.	Nov-22	Completed	
Undertake mock first aid drill and seek feedback from designated first aiders.	Dec-22	Completed	
Establish a schedule for ongoing mock first aid drills at the Grenville Hub.	Dec-22	Completed	
Volunteer Management – Driver Safety			
Develop a reversing safely presentation for volunteer drivers.	Nov-22	Completed	
Deliver presentation at volunteer drivers meeting.	Nov-22	Completed	
Fire Danger Preparedness Procedure			
Review changes to the Australian Fire Danger Rating System (AFDRS) and impacts to current WHS procedure.	Oct-22	Completed	
Consult with teams significantly affected by AFDRS changes.	Nov-22	Completed	
Review WHS Fire Danger Preparedness Procedure to reflect AFDRS changes and consult with affected teams.	Nov-22	Completed	

Action	Planned Completion Month	Current Status	Comments
Finalise and implement procedure following consultation.	Nov-22	Completed	
Review affected teams at the end of the 2022-23 fire danger season.	May-23	Completed	
Fire Extinguisher Presentation			
Develop fire extinguisher training presentation to upskill City Operations and Asset Operations teams in the use of fire extinguishers that are present in their vehicles.	Oct-22	Completed	
Present fire extinguisher training presentation to City Operations and Asset Operations.	Nov-22	Completed	
Vehicle Inspection Checklist			
Meet with relevant stakeholders and discuss the need to implement vehicle inspections for Council vehicles.	Oct-22	Completed	
Develop draft vehicle inspection checklist in SkyTrust and consult with Manager Fleet on content.	Nov-22	Completed	
Consult with affected staff and collate feedback.	Nov-22	Completed	
Develop informative instructional video to be attached to vehicle inspection checklist.	Nov-22	Completed	
Create vehicle inspection checklist for each pool vehicle and senior leader vehicle within SkyTrust with due dates and develop workflow to ensure inspections stay current to vehicle details when asset renewal occurs.	Dec-22	Completed	
Send communication to affected staff when implemented.	Dec-22	Completed	

Action	Planned Completion Month	Current Status	Comments
Seek feedback from workers in relation to the implementation of the vehicle inspection checklist.	Feb-23	Completed	
Hazardous Chemical Management			
Update the WHS Plan with programs to reflect the change of priority between contractor management and hazardous chemical management and communicate as required.	Mar-23	Completed	
In consultation with relevant stakeholders, review the WHS Hazardous Chemicals Procedure and any associated forms and templates to ensure they are fit for purpose.	Jun-23	Completed	
Review the pre-purchase requirements for hazardous chemicals in consultation with relevant workers and communicate any changes.	Jun-23	Completed	
Develop and implement processes on how hazardous chemicals are stored and maintained within the ChemAlert system.	Jun-23	Completed	
WHS Partners, Risk Specialist, Risk & WHS Coordinator and Manager Risk & WHS to complete ChemAlert training.	Apr-23	Completed	
Review and where necessary revise how field workers access SDS for hazardous chemicals to ensure that they are easily accessible.	Jun-23	Completed	
Conduct an organisation wide audit of all hazardous chemicals and create a new hazardous chemicals register.	Jul-23	Completed	
As part of the organisation wide audit, identify any unlabelled hazardous chemicals and dispose appropriately.	Jul-23	Completed	
Determine whether the actual quantities of dangerous substances stored on site exceeds the requirement for the possession of a Dangerous Substance Licence and provide recommendations to relevant Manager.	Jul-23	Completed	
Determine if the current quantities of Schedule 11 – Hazardous Chemicals require the development of a manifest and if so, provide a copy of the emergency plan and manifest to the MFS.	Jul-23	Completed	

Action	Planned Completion Month	Current Status	Comments
Determine how many hazardous chemical risk assessments are required and develop a schedule for completion of these risk assessments.	Aug-23	Completed	
Identify the kind of training that is required for workers that are required to use, handle and store hazardous chemicals and record this in the TNA.	Aug-23	Completed	
WHS Partners to undertake training in chemical management risk assessments.	May-23	Completed	
Identify workers that work with hazardous chemicals and develop a schedule for those workers to undertake hazardous chemical training (including labelling, disposal, and decanting).	Sep-23	Completed	
WHS Internal Audit			
WHS Partners to undertake Internal Auditor Training to ISO 19011:2018, include this training in the TNA.	Apr-23	Completed	
Develop a WHS audit schedule in accordance with the WHS Internal Audit Procedure.	May-23	Completed	
Develop an audit tool template.	May-23	Completed	
Complete audits as per the schedule.	Sep-23	Completed	
Lifting the Profile of Safety			
Setup an ongoing and regular six-monthly organisation wide HSR meeting.	Sep-23	Completed	
Implement quarterly work health and safety recognition and initiatives.	Sep-23	Completed	
Review where funding is allocated across the organisation for safety related expenses and undertake consultation with relevant stakeholders to re-allocate the identified funding to Risk & WHS.	Sep-23	Completed	
SkyTrust			
Identify workers that have not undertaken SkyTrust training in the last three years as per the TNA.	Apr-23	Completed	

Action	Planned Completion Month	Current Status	Comments
WHS Partners to provide identified workers with SkyTrust refresher training in relation to incidents and hazards.	Sep-23	Completed	
TRA/JSA Transition to SWMS			
Review the TRA/JSA transition to SWMS and decide on the actions moving forward.	May-23	Completed	
Training and Induction			
Map all the roles within the TNA to the WHS Commitment Policy and associated WHS Procedures.	Aug-23	Completed	
Establish direction for documenting training requirements with key stakeholders for job roles e.g use of Skytrust or Rapid Global.	Sep-23	Completed	
Review how training records are collected and managed across the organisation. Setup a working circle to discuss this with the relevant stakeholders, with the view of developing a standardised process.	Sep-23	Completed	
Once a standardised process is agreed upon, develop a set of guidance materials/instructions.	Sep-23	Substituted	As agreed with LGAWCS we substituted this action with the first aid actions below
First Aid Management			
Undertake review of current process for managing first aid provisions. Identify new provider, meet with procurement and stakeholders.	Jun-23	Completed	
Review WHS First Aid Procedure to include established process for managing first aid provisions eg. Stock control	Sep-23	Completed	
Develop a First Aid Re-stock Work Instruction with key stakeholders	Aug-23	Completed	

Risk Evaluation – WHS Action Plan

*Current Status as of 15 November 2023

Action	Planned Completion Month	Current Status	Comments
WHS Business Plan 2024			
Draft a Work Health and Safety Business Plan for 2024	Nov-23	In Progress	
Consult with relevant stakeholders on the content of the business plan	Dec-23	In Progress	
Provide a copy of the business plan to Senior Manager, Organisational Development	Dec-23	Not Started	
Venue Management			
Identify and meet with relevant stakeholders that are involved in venue hire across the organisation, creating a working circle for ongoing consultation	Dec-23	Not Started	
Schedule in ongoing meetings with working circle stakeholders	Dec-23	Not Started	
Decide on the content for a venue hire booklet, which includes WHS information and requirements	Feb-24	Not Started	
Remote or Isolated Work			
Change the wording in the WHS Remote or Isolated Procedure to reference Skytrust as the hazard management system and take out reference to hazard register	Mar-24	Not Started	
Ensure that a remote or isolated work audit is included in the 2024 audit schedule	Jan-24	Not Started	
Include a review of the effectiveness of the controls implemented for remote or isolated tasks in the 2024 observations schedule	Jan-24	Not Started	

Action	Planned Completion Month	Current Status	Comments
Identify the control measures we will use to address the risks associated with remote or isolated work and present to executive for endorsement	Feb-24	Not Started	
Determine what control measure must be implemented where a worker will be working remote or isolated and include the requirement in the WHS Remote or Isolated procedure	Feb-24	Not Started	
Send out communication to the management group regarding the management of remote or isolated work when reporting hazards/Incidents	Feb-24	Not Started	
Add the requirement to follow the Incident Reporting and Investigation Procedure within the WHS Remote or Isolated Work Procedure	Mar-24	Not Started	
Investigate the option to add a way to identify remote or isolated work in Skytrust when reporting	Mar-24	Not Started	
Transfer the training as shown in remote or isolated spreadsheet to the TNA	Apr-24	Not Started	
Create an induction process including an induction to the procedure and checklist that is completed for any worker working in a remote or isolated role	May-24	Not Started	
Based on the identified tasks that involved remote or isolated work, undertake a review of the safety documentation in consultation with affected workers to ensure that reasonably foreseeable hazards are identified, and control measures are implemented in relation to remote or isolated work	May-24	Not Started	
Convert the (non-high-risk construction work) SWMS where remote or isolated work is involved to the new JSA templates	Jul-24	Not Started	
Ensure where needed (in accordance with the procedure) that risk assessments are completed for determined remote or isolated tasks	Jul-24	Not Started	
Develop a schedule and create risk assessments for any required remote or isolated works	Jun-24	Not Started	
Amend the remote or isolated spreadsheet risk ratings to align to the CAMMS system risk ratings	Jul-24	Not Started	

Action	Planned Completion Month	Current Status	Comments
Update the WHS Remote or Isolated Work Procedure to align with current systems of work and any changes that are made as a result of the Remote or Isolated Work Project	Sep-24	Not Started	
Volunteer Management			
Identify key volunteer management stakeholders	Feb-24	Not Started	
Create a working circle with key stakeholders and establish regular meetings	Feb-24	Not Started	
Create a gap analysis tool and conduct a mapping process to identify gaps, taking into consideration the requirements of the PSSl, LGRS evaluation findings, WHS legislation, incident and hazard reporting and analysis	Mar-24	Not Started	
In consultation with the working circle develop a 3-year schedule for WHS continuous improvements in the volunteer space	Apr-24	Not Started	
Conduct a review of WHS content covered in the <i>Volunteer Management Policy</i> and <i>Volunteer Management Guideline documents</i> .	Jun-24	Not Started	
Identify author/owner of <i>Volunteer Management Policy</i> and <i>Volunteer Management Guideline documents</i> , and make recommendations for WHS updates as required	Jun-24	Not Started	
Identify and record the main volunteer tasks where risk controls need to be planned for, communicated, and implemented	Jul-24	Not Started	
Identify and record what WHS information is required to be covered during volunteer induction and what WHS ongoing training is required/needed for specific volunteer roles	May-24	Not Started	
Develop and deliver training on the WHS duties of the organisation and duties of volunteers (as workers). Deliver to all employees who support volunteers (incl. Managers and Coordinators) and volunteers	Jun-24	Not Started	

Action	Planned Completion Month	Current Status	Comments
Develop a Take 5 Tool for volunteers (could also be used for all other workers across organisation)	Jul-24	Not Started	
Deliver training to relevant Volunteers on the Take 5 fundamentals and tool for simple, low risk work activities	Sep-24	Not Started	
Contractor Management			
Identify key Contractor Management stakeholders	Jan-24	Not Started	
Create a presentation for them and inform them on the actions for the contractor management project and the findings from the 2022 internal audit of contractor management	Jan-24	Not Started	
Ensure that an audit of contractor management activities is included in the annual audit schedule for the end of 2024	Jan-24	Not Started	
Schedule in presentation session/s with identified stakeholders and provide them with the presentation	Feb-24	Not Started	
Identify where various stakeholders should be involved throughout the review	Feb-24	Not Started	
Meet with relevant stakeholders to discuss how they are currently managing contractors end to end	Mar-24	Not Started	
Identify stakeholders for each category of contractor management	Mar-24	Not Started	
Develop a gap analysis tool and conduct a mapping process to identify gaps, taking into consideration the requirements of the PSSSI and WHS legislation (also consider any LGRS evaluation findings)	Apr-24	Not Started	

Action	Planned Completion Month	Current Status	Comments
In consultation with relevant stakeholders, review the WHS Contractor Management Procedure and all associated forms and templates to ensure they are fit for purpose.	May-24	Not Started	
Through consultation, develop and deliver updated forms and tools to stakeholders	Jun-24	Not Started	
Create a Lessons learnt/review of contractor performance tracker to be used as part of the suite of tools	Jul-24	Not Started	
Coordinate and deliver internal Contractor Management training specific to each of the contractor categories, include requirements for record keeping	Sep-24	Not Started	
Update Contractor Management SharePoint page to align to new system with tools and correct information	Sep-24	Not Started	
Conduct a post implementation review with key stakeholders and assess if anything needs to be amended	Sep-24	Not Started	

Risk Evaluation – Risk Management Action Plan

Action	Planned Completion Month	Current Status	Comments
Risk Management Software			
Meet with CAMMS representative to discuss customising CAMMS template report to meet needs of Executive Strategic Risk Report.	Feb-23	Completed	
Subject to agreement, CAMMS to update report template for Strategic Risk Reporting.	Apr-23	Not progressing	CAMMS provided us training in using the standard reports to obtain the information we wanted. Other requests are not possible through CAMMS reporting.
Business Continuity			
Review the membership of the Continuity Management Team (CMT) to ensure field staff and ICT representation.	Oct-22	Completed	
Develop BCP overview presentation which can be delivered to new staff who are Critical Function Sub-Plan owners or members of CMT.	Mar-23	Completed	
Identify roles which require BCP overview presentation and include on TNA.	Mar-23	Completed	
Deliver BCP overview presentation to identified roles.	May-23	Completed	
Update Critical Function Sub-Plans	Jun-23	Completed	
Develop desktop exercise with mock scenario to test the adequacy of the BCP.	Jul-23	Deferred to 2023-24 plan	As agreed with LGAMLS these actions were deferred to the 2023-24 plan and the Strategic Risk Register actions were substituted in their place.
Undertake desktop exercise to test the adequacy of the BCP.	Aug-23	Deferred to 2023-24 plan	
Update BCP following outcome of the desktop exercise if/as applicable.	Sep-23	Deferred to 2023-24 plan	

Operational Risk Reporting – Pilot			
Determine frequency of operational risk reporting and select team to pilot report.	Oct-22	Completed	
Establish schedule for operational risk reporting.	Dec-22	Completed	
Undertake operational risk register review with City Operations.	Feb-23	Completed	
Issue operational risk report for City Operations.	Mar-23	Completed	
Property and Community Land			
Complete audit of all community land.	Apr-23	Completed	
Develop procedures to update asset register to ensure that community land is captured and recorded accurately when there changes to community land.	Jul-23	Completed	
Draft updated Community Land Management Plans (CLMPs).	May-23	Completed	
Hold information session with Elected Members.	Jul-23	Completed	
Undertake community consultation on draft CLMPs ready for Council adoption.	Aug-23	Completed	
Present draft CLMPs to Council for adoption.	Sep-23	Completed	
Strategic Risk Register			
Prepare Strategic Risk Workshop SLT Briefing Document.	Aug-23	Completed	
Consult with SLT on top 2-3 strategic risks.	Aug-23	Completed	
Prepare draft Strategic Risk Register based on information provided by SLT.	Aug-23	Completed	
Hold strategic risk workshop with SLT.	Sep-23	Completed	

Risk Evaluation – Risk Management Action Plan

*Current Status as of 15 November 2023

Action	Planned Completion Month	Current Status	Comments
Strategic Risk Register			
Review information gathered at strategic risk workshop and update strategic risk register (controls, risk owner, treatments)	Oct-23	Completed	
Draft Strategic Risk Register presented to SLT for feedback	Oct-23	Completed	
Strategic Risk Register updated in CAMMS	Nov-23	In Progress	
New Strategic Risk Register presented to Executive	Nov-23	Completed	
Strategic Risk Register report to Corporate Governance Committee	Dec-23	In Progress	Included on Agenda for 5 December 2023
Risk Governance			
Present findings of risk review to CEO.	Oct-23	Completed	
Draft reviewed Risk Appetite Statement, Risk Management Fundamental Principles.	Nov-23	Completed	
Executive endorsement of updated risk documents	Nov-23	Completed	
CGC/Council endorse updated Risk Appetite Statement and Risk Management Fundamental Principles	Dec-23	In Progress	Included on Agenda for 5 December 2023
Update Consequence and Likelihood tables with proposed changes	Jan-24	Not Started	
Executive endorsement of updated consequence and likelihood tables.	Feb-24	Not Started	
Present updated consequence and likelihood tables to CGC for information.	Apr-24	Not Started	
Draft reviewed Integrated Risk Management Framework	Mar-24	Not Started	

Action	Planned Completion Month	Current Status	Comments
Seek feedback from CGC on updated Integrated Risk Management Framework	Apr-24	Not Started	
Executive endorsement of Integrated Risk Management Framework	May-24	Not Started	
Review operational risks in line with the new risk tables	Apr-24	Not Started	
Operational Risk Registers			
Operational Risk Register Review - Community Engagement & Experience	Feb-24	Not Started	
Operational Risk Register Review - Business & Activation	Mar-24	Not Started	
Operational Risk Register Review - Development Services	Apr-24	Not Started	
Operational Risk Register Review - Regulatory & Community Safety	May-24	Not Started	
Operational Risk Register Review - Families & Young People	Jun-24	Not Started	
Operational Risk Register Review - Ageing and Inclusion	Jul-24	Not Started	
Project Risk Registers			
Enter Riverlea Social Infrastructure Project risk assessment into CAMMS as a trial of the project risk register	Mar-24	Not Started	
Review use of CAMMS for project risks and determine if it will provide benefit for future project risk assessments.	Apr-24	Not Started	
Event Risk Registers			
Setup risk register for events in CAMMS	Oct-23	In Progress	
Add carols event risk assessment to CAMMS	Nov-23	Not Started	
Provide training to event team on use of CAMMS	Nov-23	Not Started	

Action	Planned Completion Month	Current Status	Comments
Add Australia Day event risk assessment to CAMMS	Dec-23	Not Started	
Add Anzac Day event risk assessment to CAMMS	Mar-24	Not Started	
Crisis Management Framework			
Hold pre-season briefing and refresher for Council Incident Management Team	Oct-23	Completed	
Develop desktop exercise with mock scenario to test the adequacy of the BCP	Oct-23	In Progress	
Undertake desktop exercise to test the adequacy of the BCP	Oct-23	Not Started	
Develop action plan to address findings from BCP exercise	Nov-23	Not Started	
Update BCP following outcome of the desktop exercise	Nov-23	Not Started	

5.4 INTERNAL AUDIT STATUS UPDATE

Responsible Executive Manager : Sam Green

Report Author : Ninad Sinkar

Delegated Authority : Matters for Information

Attachments :

- 1. Internal Audit status update December 2023
- 2. Appendix 1 Revised target dates

Purpose

Provide an update on the status of internal audit findings and recommendations.

STAFF RECOMMENDATION

That the Committee receive and note the Internal Audit Status Update Report December 2023 (Attachment 1) and Appendix 1 Revised target dates (Attachment 2)

Relevance to Strategic Plan

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 under the Council's Public Consultation Policy to consult on this matter.

Background

The Internal Auditor is responsible for developing a flexible annual, strategic audit plan using an appropriate risk and consequence-based methodology, including any risks or control concerns identified by management, and submit the plan to the Corporate Governance Committee for review and recommendations on any changes to the plan.

The Internal Auditor provides an assessment, based on the work completed, of the adequacy and effectiveness of the Council's processes for controlling its activities and managing its risks in the areas outlined in the audit scope, reports significant issues related to the processes for controlling the activities of the Council and recommends potential improvements to those processes.

On a quarterly basis, the Internal Auditor checks in with the respective General Managers and verifies the implementation status of the agreed management actions. The updated status is then provided to the CEO and any change in action plans or timelines is agreed in writing. Please refer to attachment 1 for details.

Current Situation

The CEO and the Internal Auditor have developed the Internal Audit Status update report, which will be presented periodically to the Committee for information. The report presents the status of audits that have been completed, upcoming audits in the current financial year, status of findings/recommendations and action plans.

Future Action

The Internal Auditor will be engaging with the Executive to follow up on the outstanding action items. In addition to this, an assurance audit will be conducted, to ascertain the status of implementation of actions.

Internal Audit Status Update

Submitted by

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Internal Auditor

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December 2023

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1 Summary of internal audit program status

The following table provides a summary progress report in relation to the status of individual internal audit projects from the 2020/21, 2021/22, 2022/23 and 2023/24 Internal Audit Plans.

Project No	Year	Internal Audit Project	Scoped	In-progress	Complete	Findings/Comments	
#1	2019-20	Assurance Gap Analysis			✓	Completed and report presented to Management and CGC.	
#2	2019-20	Internal Audit plan			✓	Internal Audit Plan approved by the Management and noted by the Corporate Governance Committee ("CGC")	
#3	2020-21	Procurement Audit			✓		
#4	2020-21	Data Mining Internal Audit (payroll and Accounts payable)			✓	Foundation and Value Added	Future Improvement opportunities
						8	5
						Completed and report presented to Management and CGC.	
#5	2020-21	Project Audit (scoping, variations, milestone reporting, record keeping, handover, close out processes)			✓	Foundation and Value Added	Future Improvement opportunities
						4	3
						Completed and report presented to Management and CGC.	
#6	2020-21	Project Management Framework Audit			✓	Completed and report presented to Management and CGC.	

Project No	Year	Internal Audit Project	Scoped	In-progress	Complete	Findings/Comments				
#7	2021-22	Contract Management Audit			✓	<table><tr><th>Foundation and Value Added</th><th>Future Improvement opportunities</th></tr><tr><td>4</td><td>2</td></tr></table> <p>Completed and report presented to Management and CGC.</p>	Foundation and Value Added	Future Improvement opportunities	4	2
Foundation and Value Added	Future Improvement opportunities									
4	2									
#8	2021-22	Recruitment and Selection Internal Assurance Audit			✓	<table><tr><th>Foundation and Value Added</th><th>Future Improvement opportunities</th></tr><tr><td>Nil</td><td>Nil</td></tr></table> <p>Completed and report presented to Management and CGC.</p>	Foundation and Value Added	Future Improvement opportunities	Nil	Nil
Foundation and Value Added	Future Improvement opportunities									
Nil	Nil									
#9	2021-22	Corporate Governance Audit			✓	<table><tr><th>Foundation and Value Added</th><th>Future Improvement opportunities</th></tr><tr><td>5</td><td>1</td></tr></table> <p>Completed and report presented to Management and CGC.</p>	Foundation and Value Added	Future Improvement opportunities	5	1
Foundation and Value Added	Future Improvement opportunities									
5	1									
#10	2021-22	Risk Management Framework Internal Assurance Audit			✓	<table><tr><th>Total number of recommendations</th></tr><tr><td>13</td></tr></table> <p>Completed and report presented to Management and CGC.</p>	Total number of recommendations	13		
Total number of recommendations										
13										

Project No	Year	Internal Audit Project	Scoped	In-progress	Complete	Findings/Comments								
#11	2021-22	Business Continuity Plan and Disaster Recovery Process Audit			✓	<table><tr><td>Foundation and Value Added</td><td colspan="2">Future Improvement opportunities</td></tr><tr><td>3</td><td colspan="2">4</td></tr></table>			Foundation and Value Added	Future Improvement opportunities		3	4	
Foundation and Value Added	Future Improvement opportunities													
3	4													
#12	2021-22	Review of the CMT and handling of covid-19 event			✓	Completed and report presented to Management and CGC.								
#13	2022-23	Internal controls audit			✓	This is a special audit requested by the CEO. Findings and recommendations from the audit presented to the CGC in December 2022.								
#14	2022-23	Recruitment and Selection Internal Assurance follow up Audit			✓	Follow up audit completed and assurance report presented to management and CGC in February 2023.								
#15	2022-23	Fraud and corruption control framework audit			✓	<table><tr><td>High</td><td>Medium</td><td>Low</td></tr><tr><td>2</td><td>3</td><td>1</td></tr></table> Audit completed and report presented to Management and CGC in August 2023.			High	Medium	Low	2	3	1
High	Medium	Low												
2	3	1												
#16	2022-23	Follow up audit- credit card			✓	Follow up audit completed and report presented to Management and CGC in August 2023.								

Project No	Year	Internal Audit Project	Scoped	In-progress	Complete	Findings/Comments			
#17	2022-23	Social media audit			✓				
						High	Medium	Low	Performance Improvement
						1	2	1	2
Audit completed and report presented to Management and CGC in August 2023.									
#18	2023-24	Council Asset Hire audit		✓		Audit stage 1 high level review completed. Stage 2 deep dive into key areas in progress.			
#19	2023-24	Follow up of previous audit findings			✓	Follow up completed.			
#20	2023-24	Assurance Gap Analysis		✓					

2 Tracking of outstanding internal audit recommendations

A summary of internal audit findings, completed and open action as at 10 November 2023 is provided in the table below:

Internal audit findings	
All findings, recommendations and agreed actions as at 10 November 2023	51
Actions completed and verified by IA	36
Actions in progress as at 10 November 2023	10
Actions with revised target dates (refer appendix 1 for details)	5

Audit title	Finding	Detailed Findings	Recommendations	Management Response	Responsibility	Target Dates	Revised target date	Action status	Update as at 10 November 2023
Fraud and Corruption Internal Audit Report	2.1 Update the fraud risk management Framework and fraud control plan	A Fraud Control plan is necessary if the Council wants to demonstrate their commitment to and implementation of fraud control initiatives. Internal Audit notes that the Council has implemented a Fraud and Corruption control policy which provides information pertaining to fraud, corruption and expected behaviours. Further, there are several related policies and procedures, and internal financial controls. Based on interviews conducted with staff and previous Audit reports, Internal Audit is aware of vulnerabilities in the Council's fraud control environment.	Internal Audit recommends 1) That to further enhance the Council's approach to managing fraud risk, the Council develop a clearly identifiable, holistic and functionally integrated fraud control plan which should include the following: • References to existing policies and procedures relating to integrity and fraud control • Details of fraud awareness training to be delivered to Council Staff • Details of any specific fraud risk assessment processes undertaken • Fraud reporting channels and the investigation process (refer to Finding 3). • References to internal and external reporting mechanisms. 2) Develop a time schedule to implement the Fraud Control Plan 3) Monitor compliance with the time schedule and initiate timely reporting to the Executive and Corporate Governance Committee. 4) Define roles and responsibilities and assign ownership for management of incidents	Management agrees with the recommendation and intends to make business changes to implement	General Manager Corporate Services	Dec-23	30/06/2024	In progress and revised dates	This work has not commenced due to resource constraints. A revised target date of Jun 24 is proposed.
Fraud and Corruption Internal Audit Report	2.2 Develop Fraud risk assessment and Fraud risk register	Internal Audit noted that certain elements of fraud prevention exist throughout the Council in the form of various strategic risk assessments, project risk assessments and internal and external audits. However, a formal process is not in place to ensure the regular undertaking of comprehensive fraud risk assessments that identify specific circumstances in which fraud and corruption could potentially occur across the Council. The Council has developed a strategic risk register and the same is updated and maintained in CAMMS software on a regular basis by the Risk and WHS team. However, the Council does not have a single fraud risk register which collates all the key fraud risks across the Council.	Internal Audit recommends that 1) the Council develop a fraud risk assessment process and a fraud risk register which should cover all business units and 2) There should be appropriate oversight from the management and regular reporting should be provided to the Corporate Governance Committee	Management agrees with the recommendation and intends to make business changes to implement	General Manager Corporate Services	Dec-23	30/06/2024	In progress and revised dates	This work has not commenced due to resource constraints. A revised target date of Jun 24 is proposed.

Fraud and Corruption Internal Audit Report	2.3 Improve fraud reporting channels and the investigation process and update the PID procedure on a regular basis	Internal Audit notes that currently any suspicious incidents can be reported to the ICAC or to the Responsible Officers within the Council. It has been advised by Management that the staff would generally report any instances of fraud to the Organisational Development Team. The Council also has Responsible Officers who can be approached confidentially. There are three Public Interest Disclosure (PID) Officers at the Council as noted below: 1.Susie Reichstein, Manager – Governance (currently in a different role) 2.Sarah Schutz, Executive Assistant - General Manager City Assets & City Services 3.Joy O'Keefe-Craig – Senior Governance Officer (no longer employed at Playford) The above channels for reporting encourage open and honest communication, but it is important to remove any barriers to making reports. The fraud reporting channels could be enhanced using anonymous reporting options like discreet phone calls and anonymous emails or via direct communication from a website. Having an	Internal Audit recommends that the Council: 1.Utilise the existing PID anonymous reporting mechanisms and enhance it further to include reporting of fraud and corruption issues 2.Formally document and communicate these fraud reporting mechanisms to staff. 3.The PID procedure needs to be updated with accurate details.	Management agrees with the recommendation and intends to make business changes to implement	General Manager Corporate Services	Oct-23	31/03/2024	In progress and revised dates	This work has not commenced due to resource constraints. A revised target date of March 24 is proposed.
Fraud and Corruption Internal Audit Report	2.4 Develop fraud awareness training program	Internal Audit noted that there is no fraud specific training provided to the Council staff. Internal Audit acknowledges that the Council provides some level of fraud awareness through the induction process and the Fraud and Corruption Control policy is available to all staff via the Click page (Intranet). Absence of fraud-specific training presents the risk that the Council employees may not be fully aware of the ever-evolving fraud risks and the crucial role each one of them must play in overseeing effective controls and reporting any suspicions or allegations of fraud. Increased training and communication regarding fraud awareness would ensure that all employees within the Council are fully aware of their responsibilities	Internal Audit recommends that: 1.The Council implement an annual fraud awareness training program. 2.OD team to record and track the status of training completion by all employees.	Management agrees that fraud awareness education and training to staff should be delivered on an ongoing basis. This will be delivered via both informal and formal means. All training completion records will be maintained by the OD team.	General Manager Corporate Services	Oct-23	31/03/2024	In progress and revised dates	This work has not commenced due to resource constraints. A revised target date of March 24 is proposed.

Fraud and Corruption Internal Audit Report	2.5 Communication to external parties regarding fraud to be enhanced	Internal Audit notes that there is no mechanism to provide information to external parties for reporting any frauds or suspicious incidents. The Council's policy on Fraud and Corruption Controls states that "The Council will implement and maintain appropriate internal control mechanisms to detect fraud, corruption and other criminal conduct, misconduct and maladministration" However, the Council website does not include communication regarding fraud or a mechanism for external parties to report fraud. Internal Audit acknowledges that the Feedback and Complaints section of the website has a sub-section on Public Interest Disclosure, which provides adequate information and an online form for making such disclosures.	Internal Audit recommends that the Council website can be further enhanced by including a sub section on Fraud and Corruption and include the following information: 1.A brief definition of fraud; 2.The email address or contact that can be used to report fraud anonymously; and 3.Details regarding the protection of the anonymity of those who report fraud. This will ensure that any external party is aware of Council's strong attitude against fraud and can more readily report any suspicions.	Management agrees with the recommendation and intends to make business changes to implement.	General Manager Corporate Services	Oct-23	31/12/2023	In progress and revised dates	This work has not commenced due to resource constraints. A revised target date of December 23 is proposed.
Fraud and Corruption Internal Audit Report	2.6 Nominate a senior employee as a Fraud Control Officer	Internal Audit notes that the Council has not yet nominated a Fraud Control Officer to coordinate Council's approach to fraud prevention, detection and response to any fraud incidents that are reported. Fraud can have a significant impact on a council's finances, reputation, and ability to deliver services to its community. By having a dedicated fraud control officer, the Council can demonstrate their commitment to preventing fraud and protecting public resources. This can help to build public trust and confidence in the council's operations and ensure that resources are used in the most efficient and effective way possible.	Internal Audit recommends that the Council nominate a senior employee as a Fraud Control Officer. The key responsibilities of the Fraud Control Officer should include the following: 1.Developing and implementing a fraud control plan 2.Conducting risk assessments 3.Coordinating investigations 4.Providing advice and training 5.Liaising with external agencies 6.Reporting to management and council	Management agrees to fulfilling the key responsibilities and will explore the best way to implement them, which will include the consideration of a Fraud Control Officer	General Manager Corporate Services	Dec-23		In progress	In progress

STAFF REPORTS

MATTERS TO BE CONSIDERED BY THE COMMITTEE ONLY

***Matters for Information -
Committee Only***

8.1 CHIEF EXECUTIVE OFFICER UPDATE

Contact Person: Sam Green

Why is this matter before the Council or Committee?

Matters for Information

Purpose

For Council 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 City Services;

in order to consider in confidence agenda item 8.1 under Sections 90 (3)(b)(i) 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; and
- (i) information relating to actual litigation, or litigation that the Council or Council committee believes on reasonable grounds will take place, involving the council or an employee of the Council.

This matter is Confidential because a matter that is being reported on in this update is currently the subject of legal proceedings and a matter that is being reported on in this update relates to the development of the Annual Business Plan and Long Term Financial 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; 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 Committee's reasons to deal with this item in confidence pursuant to Sections 90(3)(b)(i) of the *Local Government Act 1999*:

- Report for Item 8.1
- Attachment(s) for Item 8.1
- Minutes for Item 8.1

This order shall operate until the next scheduled annual review of confidential items by Council at which time this order will be reviewed and determined in accordance with Section 91(9)(a) of the *Local Government Act 1999*.

8.2 INTERNAL CONTROLS AUDIT STATUS UPDATE

Contact Person: Tina Hudson

Why is this matter before the Council or Committee?

Matters for Information

Purpose

For Council 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 Services;
- General Manager City Assets;
- Executive Strategic Advisor;
- Senior Manager City and Corporate Plans;
- Senior Manager Development Services;
- Senior Manager Financial Services;
- Senior Manager Families and Young People;
- Acting Senior Manager Community Engagement and Experience;
- Internal Auditor;
- Manager Governance;
- Governance Support;
- ICT Support;
- Minute Taker;

in order to consider in confidence agenda item 8.2 under Sections 90(3)(a)(f) of the *Local Government Act 1999* on the basis that:

- (a) information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of any person (living or dead); and
- (f) information the disclosure of which could reasonably be expected to prejudice the maintenance of law, including by affecting (or potentially affecting) the prevention, detection or investigation of a criminal offence, or the right to a fair trial.

This matter is Confidential because Subject to an order pursuant to Sections 90(3)(a)(f) of the *Local Government Act 1999*, this matter is confidential because this item contains information contrary to the public interest as it involves the disclosure of personal information and the potential disclosure of information which could prejudice an ongoing investigation.

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 8.2

C. COMMITTEE TO DECIDE HOW LONG ITEM 8.2 IS TO BE KEPT IN CONFIDENCE**PURPOSE**

To resolve how long agenda item 8.2 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 8.2 be kept confidential in accordance with Committee's reasons to deal with this item in confidence pursuant to Sections 90(3)(a)(f) of the *Local Government Act 1999*:

- Report for Item 8.2
- Attachment(s) for Item 8.2
- Minutes for Item 8.2

This order shall operate until the next scheduled annual review of confidential items by Council at which time this order will be reviewed and determined in accordance with Section 91(9)(a) of the *Local Government Act 1999*.

INFORMAL DISCUSSION

8.3 UPDATE ON DISCUSSION WITH THE EXTERNAL AUDITOR REGARDING PERFORMANCE

Contact Person: Sam Green

Why is this matter before the Council or Committee?

Informal Discussion

Purpose

For Council 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 Services;
- General Manager City Assets;
- Executive Strategic Advisor;
- Senior Manager Assets and Delivery;
- Senior Manager City and Corporate Plans;
- Senior Manager Development Services;
- Senior Manager Financial Services;
- Senior Manager Regulatory and Community Safety;
- Senior Manager Families and Young People;
- Acting Senior Manager Community Engagement and Experience;
- Manager Governance;
- Internal Auditor
- Governance Support;
- ICT Support;
- Minute Taker;

in order to consider in confidence agenda item 8.3 under Section 90(3)(a) of the *Local Government Act 1999* on the basis that:

- (a) information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of any person (living or dead).

This matter is Confidential because it contains personal information pertaining to the performance of the external auditor

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 8.3

C. COMMITTEE TO DECIDE HOW LONG ITEM 8.3 IS TO BE KEPT IN CONFIDENCE**PURPOSE**

To resolve how long agenda item 8.3 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 8.3 be kept confidential in accordance with Committee's reasons to deal with this item in confidence pursuant to Section 90(3)(a) of the *Local Government Act 1999*:

- Minutes for Item 8.3
- Presentation for Item 8.3

This order shall operate until the next scheduled annual review of confidential items by Council at which time this order will be reviewed and determined in accordance with Section 91(9)(a) of the *Local Government Act 1999*.