CITY OF ONKAPARINGA

| | |
|---|---|
| Contact for apologies: | Sue Hammond<br>8384 0747 or sue.hammond@onkaparinga.sa.gov.au |
| Contact number for meeting venue: | 8384 0614 |

20 August 2026

# NOTICE OF MEETING

NOTICE IS HEREBY GIVEN in accordance with Section 87 of the *Local Government Act 1999* that an **Audit and Risk Committee** meeting of the City of Onkaparinga will be held on **Thursday 27 August 2026** at **3pm** in the Gilbert Room at the Civic Centre, Ramsay Place, Noarlunga Centre for the purpose of considering the items included on the attached agenda.

We recognise that the land on which we meet has considerable natural and cultural heritage, including thousands of years of traditional ownership by Kaurna.



Sharon Mason
Chief Executive Officer

## Public attendance

- All members of the public who attend Council or Committee meetings are required to electronically sign in using the on-site device which includes having their photo taken.
- The Chamber public gallery capacity is 35 people. Once this limit is reached access to the building will be closed to the public.

## Committee membership

Tim O'Loughlin – Presiding Member – Appointed to 16 May 2028
Paula Davies – Independent Member – Appointed to 16 May 2027
Andrew Johnson – Independent Member – Appointed to 16 May 2029
Cr Jordan Pritchard – Appointed to 10/12/26
Cr Paul Yeomans – Appointed to 10/12/26
Cr Marisa Bell (Proxy) - Appointed to 10/12/26

Disclaimer: Please note that the contents of the Council Agendas have yet to be considered by Council and recommendations contained herein may be altered or changed by the Council in the process of formally making decisions of Council.

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CITY OF ONKAPARINGA

# AGENDA

## Audit and Risk Committee meeting 27 August 2026

| | |
|---|---|
| VENUE: | Gilbert Room<br>Civic Centre, Ramsay Place, Noarlunga Centre |
| TIME: | 3pm |
| APOLOGIES: | |
| LEAVE OF ABSENCE: | Nil |

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# Table of contents


1. Opening of meeting 7
2. Confirmation of minutes 7
3. Adjourned business 7
4. Chairperson's report 7
5. Presentations 7
5.1 PRESENTATION – CARRY FORWARDS 7
5.2 PRESENTATION – ONECOUNCIL PROGRAM 7
6. Deputations 7
7. Reports of officers for discussion 9
7.1 INTERNAL AUDIT REPORT – ONECOUNCIL PROJECT 2 & 3 REVIEW 9
7.2 QUARTERLY FINANCE REPORT INCLUDING BUDGET REVIEW 4 73
7.3 ANNUAL REPORT BY THE AUDIT AND RISK COMMITTEE FY 2025/26 115
7.4 CORPORATE RISK REVIEW – AUGUST 2026 121
7. Reports of officers for noting 151
7.5 ARC ACTIONS ARISING FROM MEETINGS 151
7.6 CORPORATE GOVERNANCE 4TH QUARTER 2025-26 159
7.7 INTERNAL AUDIT CHARTER & PLAN UPDATE 163
7.8 AUDIT AND RISK COMMITTEE WORKPLAN – FY 2026-27 189
7.9 INTERNAL AUDIT QUARTERLY UPDATE 197
8. Questions on notice 229
9. Motions on notice 229
10. Petitions 229
11. Urgent business 229
12. Confidential items 230
12.1 CONFIDENTIAL INTERNAL AUDIT QUARTERLY UPDATE 231
13. Closure 232

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# 1. Opening of meeting

# 2. Confirmation of minutes

**That the minutes of the proceedings of the Audit and Risk Committee meeting held on 7 May 2026 be received and confirmed as an accurate record of those proceedings.**

# 3. Adjourned business

Nil.

# 4. Chairperson's report

Nil.

# 5. Presentations

## 5.1 PRESENTATION – CARRY FORWARDS

Rob Bau, Project Leader will provide a presentation on Carry Forwards.

## 5.2 PRESENTATION – ONECOUNCIL PROGRAM

Tina Ferguson, Senior Project Manager - ICT will provide a presentation on the OneCouncil program.

# 6. Deputations

Nil.

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# 7. Reports of officers for discussion

## 7.1 INTERNAL AUDIT REPORT – ONECOUNCIL PROJECT 2 & 3 REVIEW

| | |
|---|---|
| **Report contact** | **Meeting** |
| Nicole Roberts, Team Leader Corporate Governance | Audit and Risk Committee |
| **Manager** | |
| Ben Harkin, Manager Governance | |
| **Approving officer** | **Date** |
| Jade Bird, Director Corporate and Commercial | 27 August 2026 |

### 1. Purpose

This report provides internal audit outcomes to the Audit and Risk Committee (ARC) on the recently completed OneCouncil Project 2 & 3 Review Internal Audit. Please note that KPMG will attend the meeting to present the report, provided as Attachment 1 to this report.

### 2. Recommendations

**That the Audit and Risk Committee:**

1. **receive and note the OneCouncil Project 2 & 3 Review internal audit report provided as Attachment 1 to the agenda report; and**
2. **Note that the implementation of the agreed audit actions will be monitored and reported to the Audit and Risk Committee on a quarterly basis through the Internal Audit Quarterly Update report.**

### 3. Executive summary

In accordance with the City of Onkaparinga's (CoO) approved three-year Internal Audit Plan 2024 -2027, KPMG were engaged to undertake the OneCouncil Project 2 & 3 Review Internal Audit.

The scope of this internal audit was to review the following:

- The extent of governance activities and artefacts (including policies and procedures) pertaining to customer request management and asset work order management. This included review of the clarity of relevant roles, responsibilities and accountabilities across the CoO.
- The end-to-end customer request and asset work order management workflow and linkage between the Customer Requests module and Asset & Works Management module. This included a focus on the triaging of requests and the workflow process. High-level consideration was also given to key issues arising post the implementation.
- Data management (input, processing, output/reporting and storage) pertaining to the system-workflow in-place to manage requests updated in the Customer Requests module and linkage with the Assets & Works Management module.
- A high-level identification of lessons learned stemming from the Project 2 and Project 3 implementations.
- With respect to the functionality of Project 2 and Project 3, review of intended functionality versus received functionality. Where issues are identified, the review included understanding of how these issues are being recorded and monitored for resolution.

- A high-level consideration of the status of Management actions arising from the previous Complaints Management internal audit report completed in 2023.

The OneCouncil Project 2 & 3 Review Internal Audit report is provided as Attachment 1 to this report, either for the ARC to note and / or provide comment and feedback (if any).

## 4. Background

| | |
|---|---|
| Policy and/or relevant legislation | *Local Government Act 1999* |
| Who did we talk to/who will we be talking to | • Director Corporate and Commercial<br>• Director Strategy, Engagement and Community<br>• Director Planning, Governance and Regulatory Services<br>• Director Operations<br>• Manager ICT<br>• Manager Fleet, Civil and Waste<br>• Manager Parks & Facilities Operations<br>• Manager Community Safety & Property<br>• Manager Libraries and Customer Relations<br>• Manager Assets & Technical Services<br>• Manager Development Services<br>• Team Leader Business Systems<br>• Team Leader Operations Business Support<br>• Team Leader Waste & Recycling<br>• Team Leader Parks & Natural Resources<br>• Team Leader Property Transactions<br>• Team Leader Community Rangers<br>• Team Leader Customer Relations<br>• Senior Project Manager ICT<br>• Operations Business Support Officers<br>• Coordinator Urban Forest<br>• Permit and Licencing Officer<br>• Coordinator Customer Relations<br>• Customer Liaison Officer<br>• Senior Capital Works Planner<br>• Program Coordinator |

## 5. Discussion

The OneCouncil Project 2 & 3 Review Internal Audit has been completed as part of the approved three-year Internal Audit Plan 2024 -2027.

The focus of the audit was related to the Customer Requests module and Asset & Works Management module. Prior to commencement of the OneCouncil Project 2 & 3 Internal Audit, Council had initiated a significant body of work focused on improving Customer Experience (CX) and Customer Request Management. These programs of work have been progressing over several months and are being developed as part of a broader organisational focus on customer experience, service improvement, governance, accountability and data-driven decision making.

Customer Request Management is recognised as a critical enabling capability within the emerging Customer Experience Strategy and is being considered through an enterprise-wide lens, reflecting its role in how Council receives, manages and resolves customer interactions

across service areas. This work acknowledges the importance of establishing consistent approaches to request management, supported by clear ownership, governance, accountability and performance expectations.

Council is currently progressing work to define a future-state approach to Customer Request Management, including governance arrangements, operating model design, lifecycle management, service standards, performance measures, reporting requirements, data quality improvements and accountability frameworks. The intention is to establish a coordinated and scalable approach that supports consistent customer experiences while maximising the value of the OneCouncil platform. At the same time, identifying “quick wins” and improvements to the current configuration also remains a focus.

In parallel, a number of related initiatives are also underway, including development of the Customer Experience Strategy, implementation of a Request Management Framework, Close the Loop initiatives, customer data quality improvements and a range of business-led process improvement activities. These initiatives are contributing to a broader understanding of customer needs, service design, request handling processes and organisational capability requirements.

While the audit was undertaken independently of these initiatives, a number of the themes identified by KPMG align closely with areas already recognised by management as requiring improvement and are consistent with the direction of work currently in progress. There is strong alignment with work underway relating to enterprise governance, ownership and accountability, end-to-end request lifecycle management, service standards and customer metrics, data quality, reporting, visibility of customer requests and the ongoing evolution of OneCouncil as Council's core customer and service management platform.

As such, the audit findings provide additional insight and validation that can be incorporated into these existing programs of work, helping to further inform Council's approach to improving customer request management and customer experience outcomes across the organisation.

Full details of the audit observations, findings and recommendations are contained in the report, included as Attachment 1.

### 5.1 Positive Observations

KPMG provided the following positive observations as part of the report:

- **Improvements of processes understood across service lines:** Despite current OneCouncil system limitations, stakeholders demonstrated a clear understanding of the need to deliver better-practice customer request management and Customer Experience (CX) processes across service delivery.
- **Efforts to improve overarching Customer Experience (CX) through the CX Program:** The CX Program is supporting uplift in CX maturity, underpinned by the establishment of CX vision, principles and commitments, which has been endorsed by the Director Group (DG).
- **Understanding of customer intake channels:** The CoO staff demonstrated a strong understanding of the importance of customer choice, with multiple, well-understood customer request intake channels available and a clear focus on communicating via customers’ preferred methods.

### 5.2 Risks identified

The OneCouncil Project 2 & 3 Review Internal Audit, considered the risks currently listed in the Corporate and Strategic Risk registers. In addition the followings potential risks were identified by KPMG in relation to the Moderate risk findings:

- The CoO's ongoing reliance on parallel systems and manual workarounds to manage customer requests and work orders, reduces the consistency and integrity of how requests are recorded, progressed, and maintained within OneCouncil.
- The lack of effective system function increases the risk of incomplete, duplicated, or misaligned records across systems. This increases the risk of customer complaints, poor customer experiences and inefficient services provided by the CoO.
- The absence of a formal, end-to-end post-implementation assessment across OneCouncil Projects 1 – 3 limits visibility over whether delivered functionality aligns with defined requirements, system design, and intended program outcomes.
- Management's ability to validate whether key capabilities and benefits have been achieved maybe limited, increasing reliance on stakeholder feedback, issue logs, and operational workarounds to assess system performance. This increases the risk that functionality gaps and unrealised benefits persist, resulting in inconsistent service delivery outcomes and reduced effectiveness of the OneCouncil solution.
- Poor visibility and inconsistent ownership of customer requests across the CoO reduces accountability for request progression, oversight, and escalation. This increases the risk of requests remaining unassigned, inaccurately tracked, or unresolved, resulting in duplication, reassignment loops, and delayed resolution.
- Reduced transparency over request ageing and workload, impacting on effective prioritisation and escalation, and ultimately resulting in inconsistent service delivery outcomes and poorer CX.
- The absence of organisation-wide customer metrics, service standards, and embedded SLAs reduces consistency in how customer requests and work orders are prioritised, progressed, and managed across service lines. This increases the risk of variability in request handling, including inconsistent triage, delayed progression, and unclear communication and closure practices, resulting in inconsistent service delivery, reduced ability to monitor and enforce performance expectations, and poorer customer experience outcomes.
- Poor data accuracy, completeness, and consistency within OneCouncil reduces its effectiveness as a reliable system of record for customer requests and work orders. This increases the reliance on manual reconciliation and fragmented data sources, resulting in inconsistent or unreliable reporting on request volumes, timeliness, workloads, and outcomes.
- This limits the CoO's ability to effectively monitor performance, identify bottlenecks, and make informed, data-driven decisions, leading to reduced governance and oversight of customer request management and inconsistent service delivery outcomes.

5.3 Key internal audit findings

The key findings of the internal audit were:

- Current OneCouncil functionality does not sufficiently support the operational requirements of service lines.
- Absence of comprehensive post-implementation reviews and lessons learned assessments for OneCouncil.
- Poor visibility, ownership, and escalation processes over the end-to-end management of customer requests and related work orders.
- Service Level Agreements and Customer Metrics are not formally developed and embedded within OneCouncil.
- Inconsistent customer request data to support monitoring, oversight and reporting of customer requests.
- System access in OneCouncil does not align with operational roles or working hours.
- Inconsistent ongoing training provided to support OneCouncil use.

5.4 Management agreed actions

The council's management agreed actions for each finding are detailed in the attached report, along with target dates for completion. These actions will be monitored and reported on in the internal audit quarterly report.

In accordance with the Risk Management Framework agreed actions are expected to be completed within the timeframe relevant to the finding risk rating, and ensure risks are mitigated within council risk appetite.

The responses to the following findings are not expected to be completed within the timeframes:

| Finding / recommendation | Finding Risk Rating | Expected completion date | Risk timeframe | Explanation for longer timeframe |
|---|---|---|---|---|
| Service Level Agreements and Customer Metrics are not formally developed and embedded within OneCouncil. | Moderate | 30/06/2028 | 6-12 months | The action requires two stages:<br>- Defining the SLAs, service standards and performance measures for individual business units<br>- SLA's to be provided to ICT to configure OneCouncil to support and automate these requirements where appropriate. |
| Inconsistent customer request data to support monitoring, oversight and reporting of customer requests. | Moderate | 31/01/2028 | 6-12 months | Action is linked to two existing projects and there approved timeframes:<br>- Data Governance Framework, and<br>- Performance and Accountability Framework |

Note - Risk Management Framework timeframes for completion are:

- Low risk – timeframe 12-24 months
- Medium risk – timeframe 6-12 months
- High risk – timeframe 3-6 months
- Extreme risk – timeframe 3 month.

## 6. Financial implications

### Financial summary

| Item | Capital | Operating | Comment |
|---|---|---|---|
| **Budget** | | | |
| Current budget allocation | | $130,000 | This audit cost Council $45,735. |
| Additional funding required | | | Nil |
| Funding source and amount | | | As above |
| Budget impact | | | Nil – within budget. |

| Long Term Financial Plan (LTFP) | |
|---|---|
| In current LTFP? | N/A |

## 7. Risk and opportunity management

| Risk | |
|---|---|
| **Identify** | **Mitigation** |
| Reputation/community expectation | Mitigation strategies include:<br>• End to end review of the customer request module, workflows and data structures.<br>• CX strategy focusing on community insight and understanding, service design and access, capability and empowerment, culture and care: and governance and improvement.<br>• Post implementation review framework to be developed.<br>• Customer service charter and SLA's to be developed. |
| Financial/business sustainability | |
| Service delivery | |

## 8. Timelines and deadlines

Refer to Attachment 1 for the agreed audit action plans and timeframes.

## 9. Next steps

Implementation of agreed audit actions will be monitored and reported to ARC through the Internal Audit Quarterly Update report.

## 10. Attachments

Attachment 1 – OneCouncil Project 2 & 3 Review Internal Audit Report (57 pages)

- END OF REPORT –

Attachment 1

# OneCouncil – Project 2 & Project 3 Review

**The City of Onkaparinga (CoO)**

—

July 2026



# Acknowledgement of Country

**KPMG acknowledges Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia. We pay our respects to Elders past, present, and future as the Traditional Custodians of the land, water and skies of where we work.**

At KPMG, our future is one where all Australians are united by a shared, honest, and complete understanding of our past, present, and future. We are committed to making this future a reality. Our story celebrates and acknowledges that the cultures, histories, rights, and voices of Aboriginal and Torres Strait Islander People are heard, understood, respected, and celebrated.

Australia's First Peoples continue to hold distinctive cultural, spiritual, physical and economical relationships with their land, water and skies. We take our obligations to the land and environments in which we operate seriously.

We look forward to making our contribution towards a new future for Aboriginal and Torres Strait Islander peoples so that they can chart a strong future for themselves, their families and communities. We believe we can achieve much more together than we can apart.

**kpmg.com/au/rap**

# Contents


| | | |
|---|---|---|
| 1 | Executive Summary | 4 |
| 2 | Methodology and Statistics | 8 |
| 3 | Summary of Findings | 11 |
| 4 | Internal Audit Findings | 16 |
| 5 | Appendices | 34 |


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# 01 Executive Summary

# Executive Summary

**Introduction**

In accordance with the 2025/26 Internal Audit Plan for the City of Onkaparinga (CoO), an internal audit project focusing on the CoO's customer request and asset work order management processes post the OneCouncil implementation was performed.

**Context & Objective**

The objective of this internal audit project was to perform a review of the processes and controls that support the customer request and asset work order management workflow post the implementation of the Assets & Works Management (Project 2) and Customer Requests / Property (Project 3) OneCouncil system modules.

The areas of focus for this internal audit included:

- Customer Requests, including relevant workflows relating to Permits, Community Safety, Tree Management and Waste Management teams.
- Assets & Works Management, including relevant workflows relating to the Assets and Construction teams.

**Scope**

To address the overall objective above, the scope of this internal audit included consideration of the following:

- The extent of governance activities and artefacts (including policies and procedures) pertaining to customer request management and asset work order management. This included review of the clarity of relevant roles, responsibilities and accountabilities across the CoO.
- The end-to-end customer request and asset work order management workflow and linkage between the Customer Requests module and Asset & Works Management module. This included a focus on the triaging of requests and the workflow process. High-level consideration was also given to key issues arising post the implementation.
- Data management (input, processing, output/reporting and storage) pertaining to the system-workflow in-place to manage requests updated in the Customer Requests module and linkage with the Assets & Works Management module.
- A high-level identification of lessons learned stemming from the Project 2 and Project 3 implementations.
- With respect to the functionality of Project 2 and Project 3, review of intended functionality versus received functionality. Where issues are identified, the review included understanding of how these issues are being recorded and monitored for resolution.
- A high-level consideration of the status of Management actions arising from the previous Complaints Management internal audit report completed in 2023.

**Positive observations**

The following positive observations were noted during the review:

- ✓ **Improvements of processes understood across service lines:** Despite current OneCouncil system limitations, stakeholders demonstrated a clear understanding of the need to deliver better-practice customer request management and CX processes across service delivery.
- ✓ **Efforts to improve overarching Customer Experience (CX) through the CX Program:** The CX Program is supporting improvements in CX maturity, underpinned by the establishment of CX vision, principles and commitments, which has been endorsed by the Director Group (DG).
- ✓ **Understanding of customer intake channels:** The CoO staff demonstrated a strong understanding of the importance of customer choice, with multiple, well-understood customer request intake channels available and a clear focus on communicating via customers' preferred methods.

**Internal Audit Findings**

The CoO has made significant efforts to implement and integrate OneCouncil across service lines. While core OneCouncil functionality has been implemented, it is not yet operating as a fully-effective enterprise-wide system to support end-to-end delivery of customer requests and work orders across customer-facing service lines. Key themes and findings from this review are outlined on the following pages in the Executive Summary.

Internal Audit has identified five (5) moderate risk rated findings and two (2) low risk rated findings which have been individually rated and summarised in Section 3.

| Extreme | High | Moderate | Low | PIO |
|---|---|---|---|---|
| - | - | 5 | 2 | - |

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# Executive Summary (cont.) – Context

**City of Onkaparinga – OneCouncil Project Overview**

The CoO implemented TechnologyOne's OneCouncil platform as part of the ICT Reform Program to replace fragmented legacy systems with a single, integrated, cloud-based solution spanning finance, assets and customer operations. This transformation was critical to improving efficiency, data quality and decision-making, while enabling the CoO to deliver more consistent, modern and responsive services to a growing community. A timeline of this process overview has been provided in Appendix B.

While this internal audit has focused on the functionality of the two implemented systems, the assessment is directly linked to, and provides insight into the overall success of these implementations.

Technology transformations in local government require simultaneous change to systems, processes and people. This often involves large-scale data migration, integration of multiple business functions, and organisation-wide adoption. The following are common post-implementation issues observed, each of which can directly impact system functionality:

- **Process redesign gaps –** inefficient or inconsistent workflows across service lines.
- **Data quality issues** – inaccurate or incomplete records requiring rework and reducing trust.
- **Integration challenges –** breakdowns in system handoffs (e.g. requests not flowing to work orders).
- **Change and capability gaps –** workarounds and inconsistent system usage due to varying adoption.
- **Configuration misalignment –** system not fully aligned to operational needs (e.g. rostering, allocation).
- **Reporting gaps –** limited visibility over service requests and workforce performance.
- **Governance ambiguity** – unclear ownership for post-implementation issue resolution and optimisation.

During scoping of the internal audit with CoO Management, it was agreed that the review would not adopt a traditional post-implementation review approach due to the ongoing program of work currently being undertaken. Instead, the review was designed to assess the remaining functional and process gaps within OneCouncil to help inform and prioritise future uplift activities. Consideration was also given to key lessons learned from Project 2 and 3 implementations.

**Customer Request and Asset Work Order Management**

At the CoO, customer requests and work orders are managed across multiple service lines that engage directly with the community, collectively contributing to the end-to-end handling, tracking and resolution of requests. The following service lines were consulted during this review:

| Service Line | Community/Customer Interaction |
|---|---|
| **Customer Relations** | Provides a central customer contact service, receiving enquiries and service requests from the community and acting as the customer-facing interface on behalf of Council. |
| **Waste Management** | Provides waste and recycling collection and related services to residents, responding to customer requests about bin collections and disposal issues. |
| **Tree Management** | Provides inspection, maintenance and removal services for Council-managed trees, responding to community concerns about tree safety, damage and amenity. |
| **Permits** | Provides regulatory approvals and permissions for activities such as development, events and use of public spaces, engaging customers through application and approval services. |
| **Assets & Technical Services** | Provides maintenance and repair services for Council assets such as roads, footpaths, lighting and drainage, addressing customer-reported infrastructure issues. |
| **Construction & Projects** | Delivers capital works and construction projects, interacting with the community in relation to works delivery, impacts and project-related enquiries. |
| **Community Safety** | Provides regulatory and enforcement services to address public safety and compliance issues, engaging with customers on matters involving risk, behavior and local law compliance. |

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# Executive Summary (cont.) – Key Themes and Findings

Overall, the CoO has made significant progress in implementing OneCouncil and advancing a more integrated approach to customer request and asset work order management. The audit identified a strong commitment across service lines to improving holistic customer experience (CX) and operational processes, supported by the ongoing CX Program. However, while core functionality has been delivered, OneCouncil is not yet operating as a fully effective, enterprise-wide solution to support the end-to-end lifecycle of customer requests and asset work orders, with key limitations in consistent and integrated use across service lines. The key themes and findings from the internal audit are summarised below.

| Key Theme | Detail |
|---|---|
| System functionality and process alignment | There are gaps between current OneCouncil functionality and operational service delivery needs. Service lines continue to rely on workarounds and supplementary systems where OneCouncil does not adequately support investigations, field-based work, or non-standard workflows. This limits its effectiveness as the single system of record and reduces end-to-end visibility. *(See Finding 1)* |
| End-to-end lifecycle governance and ownership. | The management of customer requests and work orders is impacted by unclear ownership, inconsistent governance, and limited escalation pathways. Accountabilities across the lifecycle are not consistently defined or embedded, resulting in requests that are unassigned, delayed, or not effectively progressed. *(See Finding 3)* |
| Absence of embedded service standards and performance measures | Service Level Agreements (SLAs), customer metrics and minimum service standards are not consistently defined or embedded within OneCouncil. This limits the CoO's ability to prioritise requests, manage customer expectations, and monitor performance across service lines in a consistent manner. *(See Finding 4)* |
| Data quality and reporting limitations | Data captured within OneCouncil is impacted by duplication, inconsistent classification, and incomplete records, reducing confidence in reporting. As a result, operational and management reporting relies on manual reconciliation and does not provide a reliable, enterprise-wide view of performance, workload or request status. *(See Finding 5)* |
| Fragmented system usage and integration challenges | Customer request and asset work order processes are not consistently managed within a single system. The use of parallel tools and systems has resulted in fragmented data, reduced transparency and duplication of effort, undermining the intent of an integrated ICT environment. *(See Finding 1)* |
| Limitations to post-implementation reviews informing continuous improvement | A comprehensive, end-to-end post-implementation assessment of OneCouncil has not been completed across all modules. This limits visibility over whether intended benefits, functionality and service outcomes have been achieved, and reduces the ability to systematically capture and apply lessons learned. *(See Finding 2)* |
| Capability, training and change management uplift required | Ongoing, role-specific training activities have not been consistently embedded. This has contributed to variability in system usage, reliance on local practices, and inconsistent application of workflows across service lines. *(See Finding 7)* |

While the OneCouncil implementation represents a significant step towards a modern, integrated technology environment, this review highlights that further work is required to stabilise, standardise and optimise OneCouncil and supporting processes. CoO Management have taken initial steps to uplift OneCouncil functionality, which has included the development of the OneCouncil Improvement Program Workplan.

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# 02

# Methodology and Statistics

# Overview of our approach

The following methodology outlines the process used to conduct this internal audit. The approach leveraged an integrated delivery team comprising of expertise across Internal Audit, OneCouncil/Technology, and CX, enabling a coordinated assessment of system capability, data quality, and the operation of the end-to-end customer request and work order management.

## Internal Audit Assessment Process

### Stage 1: Service Line Consultation

- KPMG engaged with select service lines across the CoO to understand how customer requests and asset work orders are managed post Stages 2 and 3 of the OneCouncil implementation.
- Consultations focused on the current functionality within OneCouncil to support request intake, progression, communication, and closure. The following table outlines the CoO service lines consulted:

| Service Lines consulted | |
|---|---|
| • Tree Management | • Community Safety |
| • Waste Management | • Assets & Technical Services |
| • Permits | • Construction & Projects |
| • Customer Relations | • ICT |

### Stage 2: Assessment models

- Consultation with service lines identified key pain points and capability gaps relating to functionality, guidance, and training which impact on consistent customer experiences across customer requests and asset work orders.
- The following KPMG better practice frameworks were applied to assess the CoO's Customer Request and Work Order Management processes:
  - KPMG Customer Request and Work Order Management Model (*Appendix A*)
  - KPMG Customer Experience Maturity Model *(Appendix C).*
- The Risk and Governance team was also consulted to determine high-level Management Actions against findings within the FY25 Complaints Management Internal Audit report *(Appendix D).*

### Stage 3: Workshops

- A pre-workshop questionnaire was provided to participants, comprising of structured questions to capture high-level insights and understand impacts of common pain points across the customer request and asset work orders lifecycle.
- Two (2) in-person workshops were held to validate high-level observations. Participants included representatives from consulted service lines.
- A consolidated list of core pain-points identified through consultations was validated with workshop participants. A facilitated prioritisation activity was used to identify the most common and disruptive issues.
- Outcomes from the prioritisation activity informed the grouping and structuring of key issues presented in the Customer Request and Work Order Management Review (*Appendix A*) and provided a high-level assessment of CX maturity at the CoO (*Appendix C*).

### Stage 4: Validation & Reporting

- The review identified key findings on how customer requests and work orders are managed in OneCouncil, including areas where processes are not consistently effective end-to-end.
- Recommendations have been developed for each finding to improve OneCouncil functionality and strengthen overall process effectiveness.
- The report was discussed in a closing meeting with Management to validate accuracy of observations.

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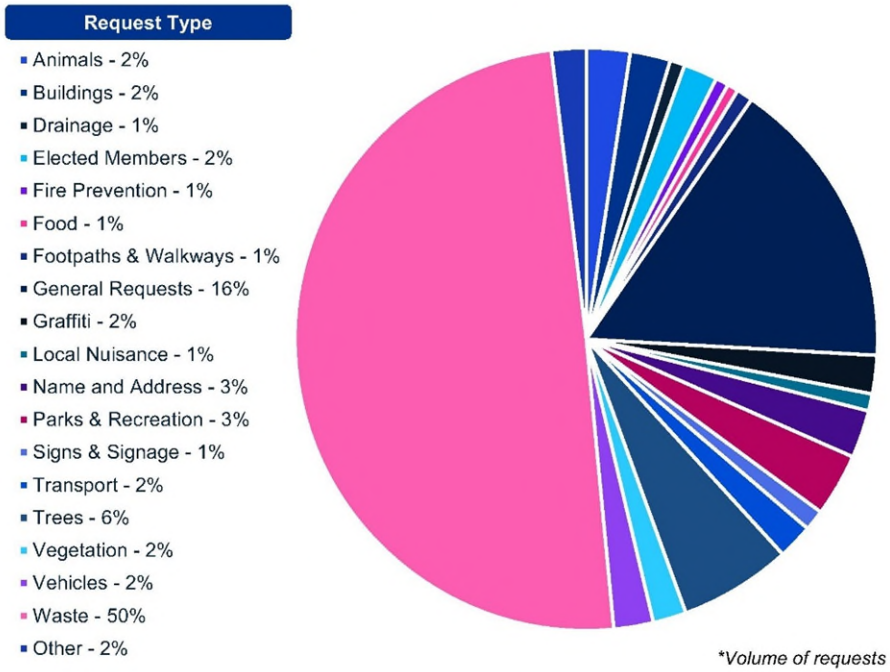
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# Customer Request Statistics at the CoO

**Overview of Customer Enquiries**

As a customer-facing organisation managing a significant volume of community interactions, it is critical for the CoO to maintain a highly functional and robust customer system to underpin workflow activity. This is reflected in the volume of requests received, with **132,208 enquiries*** recorded in the 12 months to 10 February 2026, as outlined by request category in the graph below.

## Of the 132,208 customer requests received within the previous 12 months...




**3%** of active requests do not have an assigned resource (288 total).

**16%** requests are categorised as "General Requests" (21,524 total).

**Volume of requests figure is calculated from an extract of OneCouncil which is likely skewed by a high volume of duplicate requests.*

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# 03

# Summary of Findings

# Summary of Internal Audit Findings

During the review, Internal Audit identified **five (5) moderate, and two (2) low rated findings**. The following table provides a summary of our risk rated findings, and the relevant issue owner and target date for implementation. These findings have been mapped to KPMG's Customer Request & Work Order Management Methodology on the following page.

| Extreme | High | Moderate | Low | PIO |
|---|---|---|---|---|
| - | - | 5 | 2 | - |

| Rating | Ref # | Description | Issue Owner | Target Date |
|---|---|---|---|---|
| **Moderate** | F1 | Current OneCouncil configuration does not sufficiently support the operational requirements of service lines. | 1. Manager Libraries, Customer Relations and Recreation.<br>2. Manager ICT.<br>3. (a) Manager ICT, (b) Manager Libraries, Customer Relations and Recreation. | 1. 31 October 2026.<br>2. 31 March 2027.<br>3. (a) 31 March 2027, (b) 31 March 2027. |
| **Moderate** | F2 | Absence of comprehensive post-implementation reviews and lessons learned assessments for OneCouncil. | 1. Manager ICT.<br>2. Manager Operational Excellence.<br>3. Manager ICT. | 1. 31 March 2027.<br>2. 30 June 2027.<br>3. 31 March 2027. |
| **Moderate** | F3 | Poor visibility, ownership, and escalation processes over the end-to-end management of customer requests and related work orders. | 1. Manager Libraries, Customer Relations and Recreation.<br>2. Manager ICT. | 1. 31 March 2027.<br>2. 31 March 2027. |
| **Moderate** | F4 | Service Level Agreements and Customer Metrics are not formally developed and embedded within OneCouncil. | 1. Manager Libraries, Customer Relations and Recreation.<br>2. Manager ICT. | 1. 30 June 2028.<br>2. 30 June 2028. |
| **Moderate** | F5 | Inconsistent customer request data to support monitoring, oversight and reporting of customer requests. | 1. Manager Libraries, Customer Relations and Recreation.<br>2. Manager Operational Excellence. | 1. 31 January 2028.<br>2. 31 January 2028. |
| **Low** | F6 | System access in OneCouncil does not align with operational roles or working hours. | *N/A (See Finding 3, Recommendation 2).* | |
| **Low** | F7 | Inconsistent ongoing training provided to support OneCouncil use. | 1. Manager People and Culture.<br>2. Manager Libraries, Customer Relations and Recreation. | 1. 31 March 2027<br>2. 31 March 2027. |

The classification of risk ratings in this report are based on the risk ratings documented in **Appendix G.**

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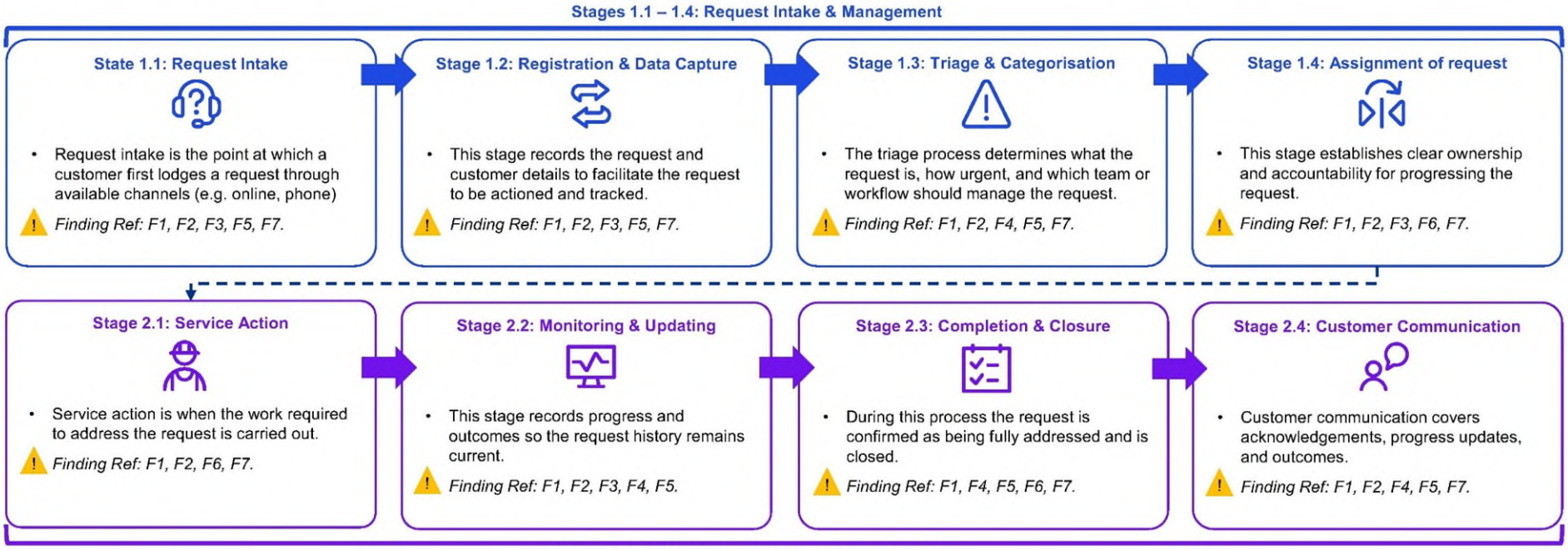
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# KPMG's Customer Request & Work Order Management Methodology

The graphic below presents KPMG's Customer Request and Work Order Management across eight key stages, illustrating how customer requests and work orders should be received, managed and resolved. This methodology has been applied across the CoO to assess the processes in place to manage customer requests and work orders across service lines, and to identify common pain points and areas of process variation identified through stakeholder consultations. The full model, including observations impacting the CoO's customer request and work order management processes has been mapped in Appendix A.

Fundamentally, it was observed that a number of foundational elements required to support an efficient and effective customer request and work order management process at the CoO are not in place and were not established prior to the implementation of OneCouncil Projects 2 and 3. These gaps are detailed within the Internal Audit Findings (Section 4) and have been mapped to the customer request and work order management process below. As illustrated, these gaps impact multiple key stages of the customer request and word order lifecycle.




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# Summary of recommendations

Recommendations from the Internal Audit Findings have been outlined against a priority level, with a recommendation priority map provided on the following page. This prioritisation is intended as a value-add to support decision-making – Management should internally consider these recommendations in the context of broader organisational priorities and determine the appropriate sequencing and implementation approach.

| Ref # | *Finding, Recommendation* | Priority | Overview of Recommendation |
|---|---|---|---|
| 1 | *F1, R1* | ○ ● ○ | Consider developing and embedding a CX strategy. |
| 2 | *F1, R2* | ● ○ ○ | Undertake a comprehensive assessment of OneCouncil functionality and configuration. |
| 3 | *F1, R3* | ● ○ ○ | Update the improvement roadmap within the OneCouncil Improvement Program Workplan. |
| N/A | *F2, R1* | *Refer Finding 1, Recommendation 1* | |
| 4 | *F2, R2* | ○ ○ ● | Update the project management framework. |
| 5 | *F2, R3* | ○ ○ ● | Formally capture lessons learned over Project 2 and Project 3. |
| 6 | *F3, R1* | ● ○ ○ | Conduct a structured data cleanse of customer requests and work orders within OneCouncil. |
| N/A | *F3, R2* | *Refer Finding 1, Recommendation 1* | |
| 7 | *F3, R3* | ○ ● ○ | Investigate improvements to visibility, ownership controls, and escalation protocols to OneCouncil within the Customer Experience Program. |
| 8 | *F4, R1* | ● ○ ○ | Re-establish Service Level Agreements (SLAs) and Customer Metrics. |
| 9 | *F4, R2* | ○ ● ○ | Embed SLAs within OneCouncil workflows and performance reporting. |
| 10 | *F5, R1* | ○ ● ○ | Investigate enhancement of OneCouncil reporting capabilities. |
| 11 | *F5, R2* | ○ ○ ● | Consider implementing or reinforcing data governance standards for customer request and work order management data within OneCouncil. |
| N/A | *F6, R1* | *Refer Finding 3, Recommendation 2* | |
| 12 | *F7, R1* | ○ ● ○ | Establish and embed a structured, ongoing OneCouncil training program. |

**Key:**

- ● High priority issue identified requiring immediate escalation to Management and short-term corrective actions.
- ● Medium priority issues identified requiring attention, to be raised to Management in due course and a plan put in place for corrective actions.
- ● Low priority issues identified with element assessed in relation to organisational needs.

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# Recommendation Priority Map

Recommendations arising from the Internal Audit findings have been outlined in the priority implementation map below, where 'Strategic' indicates longer-term, higher-value opportunities and 'Low Effort' indicates shorter-term, lower-complexity initiatives. This prioritisation is intended as a value-add to support decision-making. CoO Management should internally consider these recommendations in the context of broader organisational priorities and determine the appropriate sequencing and implementation approach.




| Ref # | Description of recommendation |
|---|---|
| 1 | Undertake a comprehensive assessment of OneCouncil functionality and configuration. |
| 2 | Update the improvement roadmap within the OneCouncil Improvement Program Workplan. |
| 3 | Consider developing and embedding a CX strategy. |
| 4 | Update the project management framework. |
| 5 | Conduct a lessons learned program over Project 2 and Project 3. |
| 6 | Conduct a structured data cleanse of customer requests and work orders within OneCouncil. |
| 7 | Investigate improvements to visibility, ownership controls, and escalation protocols to OneCouncil within the Customer Experience Program. |
| 8 | Re-establish Service Level Agreements (SLAs) and Customer Metrics. |
| 9 | Embed SLAs within OneCouncil workflows and consider use for performance reporting. |
| 10 | Investigate enhancement of OneCouncil reporting capabilities. |
| 11 | Consider implementing and reinforcing data governance standards for customer request and work order management data within OneCouncil. |
| 12 | Establish and embed a structured, ongoing OneCouncil training program. |

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# 04

# Internal Audit Findings

# Internal Audit Findings

| Finding 1 – Current OneCouncil configuration does not sufficiently support the operational requirements of service lines | Moderate |
|---|---|

**Observations:**

The current OneCouncil functionality does not consistently support the operational needs of all service lines. This includes current configuration not adequately accommodating key service delivery areas such as investigations, field-based work, after-hours operations, and non-standard or non-linear request types.

This observation was supported by consultations and a pre-workshop participant questionnaire. This included the majority of respondents disagreeing or strongly disagreeing that the OneCouncil functionality (including integrations, data accuracy, and exception handling) reliably supports end-to-end operational requirements.

As a result of the significant current system configuration limitations the following issues were highlighted:

- Service teams are often unable to accurately progress, update, or close customer requests within OneCouncil, even where operational work has occurred or customer contact has been maintained.
- To deliver services within these constraints, service lines have adopted workarounds and supplementary tools to manage parts of the customer request lifecycle. Examples provided included:
  - Waste Management using WasteTrack to manage bookings, scheduling, eligibility checks, and service delivery for hard waste services, with only limited or "shell" request records reflected in OneCouncil.
  - Tree Management using TreePlotter as the system of record for tree assets, inspection history, and risk management, as OneCouncil does not adequately support tree-specific investigations, repeat works, or historical context.
  - Business Support functions using Microsoft Planner and other local tools to track ongoing work, follow-ups, and exceptions where OneCouncil does not support staged progress, task-based workflows, or extended investigations.

Further, it was noted that OneCouncil integration was not completed and aligned to better practice Customer Experience (CX) governance and principles, limiting the ability to align configuration to organisational-wide standards and principles.

Currently, a CX Program is in-progress and designed to uplift CX practices across the organisation. However, the CX Program was not established during the design phases of Project 2 or Project 3, resulting in significant downstream impacts.

**Observations** (cont.):

Specifically, without the CX Program in progress during OneCouncil design and implementation, the following issues were observed:

- A formal CX strategy defining the intended end-to-end CX has not been developed or embedded, limiting how OneCouncil workflows, timeframes, and system rules should be guided by formal customer-centric principles or CX standards.
- Customer and journey mapping processes have not been formally conducted to inform system design, workflow configuration, and end-to-end customer request management processes.
- CX governance and ownership are not formally established at an enterprise level, including ownership at the Director Level.

These constraints have contributed to the proliferation of multiple, parallel customer and asset-related requests. Across the review, this underlying issue was consistently identified as a driver of fragmented processes, including the reliance on different systems and channels to achieve operational oversight. The absence of overarching CX principles and governance has further reinforced duplication, reduced end-to-end visibility, and ultimately diminished OneCouncil's effectiveness as a single, authoritative system of record for customer request and work order management.

**Risk(s):**

- The CoO's ongoing reliance on parallel systems and manual workarounds to manage customer requests and work orders, reduces the consistency and integrity of how requests are recorded, progressed, and maintained within OneCouncil.
- The lack of effective system function increases the risk of incomplete, duplicated, or misaligned records across systems.
- This increases the risk of customer complaints, poor customer experiences and inefficient services provided by the CoO.

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# Internal Audit Findings

| **Finding 1 – Current OneCouncil configuration does not sufficiently support the operational requirements of service lines** (cont.) | **Moderate** |
|---|---|

*Continued from the previous page.*

**Recommendations:**

It is recommended that the CoO:

1. Within the Customer Experience Program, consider **developing and embedding a CX strategy** to guide governance and design of OneCouncil configuration and service delivery processes. The development of the CX strategy should include, but not be limited to:
   - Embed current CX principles and vision into the CX strategy.
   - Support integration of CX considerations into the Remediation and Improvement Program to align configuration uplift with customer needs and service delivery expectations.
   - Any changes should be supported by ongoing change management activities across affected service lines.
2. While it is acknowledged there is a OneCouncil Improvement Program Workplan, ensure that a **comprehensive assessment of OneCouncil configuration** has been completed to inform future actions within the OneCouncil Improvement Program. This should include:
   - Undertake a structured, end-to-end assessment of current OneCouncil configuration against operational service delivery requirements.
   - Identify and document gaps where configuration does not support key service delivery scenarios (e.g. investigations, field-based work, after-hours operations, and non-standard request types).
   - Where gaps are identified, these should be prioritised for remediation based on material impact to service lines.
3. Update the **structured improvement roadmap** within the OneCouncil Improvement Program Workplan to include any identified gaps in configuration from Recommendation 2. This should include:
   - Consolidate identified configuration gaps and operational pain points into a structured improvement backlog.
   - Prioritise improvement initiatives based on service impact, risk, and alignment to strategic objectives.
   - Establish delivery governance, resourcing, and monitoring mechanisms to oversee implementation of improvements.
   - Future improvement actions should be prioritised and sequenced through the OneCouncil Improvement Program, with consideration of organisational capacity, including cost, resource availability, and delivery constraints.

**Management Action(s):**

Recommendation 1

Customer Relations are currently working through a draft CX strategy which includes 5 strategic focus areas:

- Community insight and understanding.
- Service design and access.
- Capability and empowerment.
- Culture and care.
- Governance and improvement.

The strategy has our CX principles and vision embedded. The draft strategy is with Directors Group for approval.

Issue Owner: Manager Libraries, Customer Relations and Recreation.

Target Date: 31 October 2026.

Recommendation 2

The following assessment of OneCouncil configuration will be conducted, which includes:

- Undertaking a targeted, end-to-end review of the Customer Request module configuration, workflows, and data structures against current service delivery needs (rather than a broad reassessment of platform functionality).
- Reviewing key point-in-time design and architectural decisions (e.g. customer registration approach, Name and Address Register (NAR) structure, and debtor account configurations) to assess their impact on achieving a consolidated and accurate view of customer interactions.

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# Internal Audit Findings

| **Finding 1 – Current OneCouncil configuration does not sufficiently support the operational requirements of service lines** (cont.) | **Moderate** |
|---|---|

*Continued from the previous page.*

- (cont.) Identifying and documenting gaps where current configurations, customisations, or data structures do not support service delivery (e.g. investigations, field-based work, after-hours operations, and non-standard requests).
- Ensuring that service areas define their operational requirements and desired outcomes, supported by sound (fit-for-purpose) architectural practices, with solutions implemented by ICT (and owned and sustained by the business).
- Prioritising remediation of configuration and design issues based on their impact on service delivery, data integrity, and customer experience.

This review needs to remain appropriately scoped to avoid continuous, enterprise-wide reassessment of the full platform, and instead focus on actionable improvements that can be delivered within organisational capacity.

Issue Owner: Manager ICT.

Target Date: 31 March 2027.

Recommendation 3.a

The One Council Improvement Program Workplan will be maintained and strengthened to incorporate identified configuration, design, and operational gaps, ensuring prioritisation is driven by value and organisational impact. This includes:

- Ensuring prioritisation considers enterprise-wide benefit across OneCouncil, recognising interdependencies between modules (e.g. customer, debtor, asset, and request management).
- Establishing and maintaining clear delivery governance, resourcing, and monitoring mechanisms to oversee implementation and benefits realisation.
- Sequencing improvement initiatives through the existing OneCouncil Improvement Program, with explicit consideration of organisational capacity, including cost, resource availability, and delivery constraints.

Issue Owner: Manager ICT.

Target Date: 31 March 2027.

Recommendation 3.b

A CX program initiative 'Closing the Loop' pilot will be used to:

Identify configuration issues, design limitations and operational pain points

- Provide insights that can inform ICT of the prioritisation of improvement initiatives based on service impact, customer experience outcomes, return on investment (ROI), risk and alignment to strategic objectives, including the CX Strategy and ICT Strategy.
- Provide insights that can inform the development of delivery governance, resourcing and monitoring mechanisms to support effective implementation.

Issue Owner: Manager Libraries, Customer Relations and Recreation.

Target Date: 31 March 2027.

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# Internal Audit Findings

**Finding 2 – Absence of comprehensive post-implementation reviews and lessons learned assessments for OneCouncil** | **Moderate**

**Observations:**

A comprehensive set of post-implementation reviews (PIRs) has not been consistently undertaken across the OneCouncil implementation projects, limiting visibility over whether delivered functionality aligns with defined project requirements, system design, and intended program outcomes.

The scope of this internal audit primarily focused on assessing the current functionality of the customer request and work order management implemented systems. The audit scope included consideration of how lessons learned and areas for improvement have been identified and managed by the CoO to address existing system issues. Overall, the review of Project 2 and Project 3 found that the absence of comprehensive formal post-implementation reviews performed may have limited the ability of the CoO to holistically capture and assess system limitations and issues, which may in turn be affecting the effectiveness of the forward ICT Reform Program.

Limited assessment against Project Initiation Document for Project 3

While a PIR was conducted for Project 2, no equivalent assessment has been undertaken for Project 3 to evaluate whether the delivered solution aligns with the defined scope, requirements, and intended system design outlined in the Project Initiation Document. In the absence of a Project 3 post implementation assessment, there is limited visibility over:

- The extent to which delivered functionality aligns with defined service line requirements and agreed business needs at the time of design.
- Whether key system capabilities across customer request and work order workflows have been implemented as intended.
- Whether identified defects and functionality gaps reflect gaps in delivery against defined requirements, or broader limitations in the configured solution.

Limited review against the Benefits Realisation Plan (BRP)

A PIR or equivalent assessment has not been conducted over the full scope of OneCouncil functionality delivered across Projects 1–3, limiting visibility over whether intended outcomes outlined in the BRP have been achieved.

The BRP, was developed in conjunction with the ICT Reform Program, and was presented to the ICT Reform Steering Committee in December 2020.

**Observations** (cont.):

This Program defined key success measures for the OneCouncil implementation (Projects 1–3), including:

- Reduction in data duplication.
- Improved customer experience through automated notification process.
- Integrated customer data in the one system solution.
- Improved service levels and turnaround times for tasks.
- Enhanced integration and real-time reporting capability.

Without a formal and comprehensive PIR or external assessment over the BRP success outcomes, the extent to which these intended benefits have been realised remains unclear.

Limited formal lessons learned over OneCouncil implementation

A formal lessons learned program of work has not been undertaken across the implementation of Projects 2 and 3, limiting the systematic capture, consolidation, and application of insights to inform ongoing improvement.

Currently, lessons learned are primarily captured through operational mechanisms (e.g. staff engagement, feedback and HALO tickets), rather than through a structured and program-level assessment of lessons learned during Project 2 and Project 3. As a result, insights into system performance and functionality limitations are largely informed by stakeholder feedback, issue logs, and post-implementation workarounds, rather than a consolidated, validated, and forward-looking evaluation of implementation outcomes.

**Risk(s):**

- The absence of a formal, end-to-end post-implementation assessment across OneCouncil Projects 1 – 3 limits visibility over whether delivered functionality aligns with defined requirements, system design, and intended program outcomes.

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# Internal Audit Findings

| **Finding 2 – Absence of comprehensive post-implementation reviews and lessons learned assessments for OneCouncil** (cont.) | **Moderate** |
|---|---|

*Continued from the previous page.*

**Risk(s):**

- Management's ability to validate whether key capabilities and benefits have been achieved may be limited, increasing reliance on stakeholder feedback, issue logs, and operational workarounds to assess system performance.
- This increases the risk that functionality gaps and unrealised benefits persist, resulting in inconsistent service delivery outcomes and reduced effectiveness of the OneCouncil solution.

**Recommendations:**

The CoO should:

1. (see Finding 1, Recommendation 1) Ensure completeness of **a comprehensive assessment of OneCouncil functionality**. Within this review:
   - Identify gaps between current OneCouncil functionality and the BRP.
   - Any gaps identified should inform the improvement roadmap (see Finding 1, Recommendation 2) within the Remediation and Improvement Program.
2. Consider **updating the project management framework** to include mandatory requirements for post-implementation reviews for projects meeting defined criteria (e.g. size, scale, and complexity).
3. Formally **capture lessons learned** as part of project closure and maintained within a centralised register accessible across Council. Risk registers for future projects should formally reference this register to ensure that key learnings are systematically considered and incorporated into project planning, risk identification, and mitigation activities.

**Management Action(s):**

Recommendation 1

A targeted and staged assessment of OneCouncil configuration and design will be undertaken which will:

- Focus on incremental, prioritised reviews of key modules and processes (e.g. Customer Request, customer and debtor data structures), ensuring effort is directed to areas of highest impact.
- Assess alignment between current configuration, design decisions, and business requirements (BRP), rather than re-evaluating core system functionality.
- Revisit point-in-time architectural decisions to ensure they remain fit-for-purpose and support a consolidated, accurate view of customer and service interactions.
- Be guided by sound, fit-for-purpose architectural principles, ensuring consistency, scalability, and maintainability across the platform.
- Ensure that identified gaps (configuration, data, or process-related) are captured and fed into the OneCouncil Improvement Program backlog (refer Finding 1, Recommendation 2).
- Establish and embed measurement frameworks and baselines, enabling tracking of improvements and benefits realisation over time (e.g. data quality, processing efficiency, customer outcomes).

This staged approach ensures that improvements are actionable and deliverable, avoiding an overly broad review that would be resource-intensive and unlikely to translate into timely outcomes.

Issue Owner: Manager ICT.

Target Date: 31 March 2027.

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# Internal Audit Findings

| **Finding 2 – Absence of comprehensive post-implementation reviews and lessons learned assessments for OneCouncil** (cont.) | **Moderate** |
|---|---|
| *Continued from the previous page.*<br><br>Recommendation 2<br><br>**Manager Operational Excellence**<br><br>A Post Implementation Review (PIR) framework has been developed as part of the upcoming Project Governance Review (commencing 26 July 2026). While this will not be retrospectively applied to the OneCouncil project, it is intended to be formally embedded into the Project Management Framework (PMF) to support consistent application across future projects.<br><br>Council currently has a Project Close-Out Form in place; however it is not mandatory. As part of the PMF review, consideration will be given to strengthening this requirement, including alignment with the PIR process to ensure more structured and consistent project closure practices.<br><br>In addition, the PMF review will consider the introduction of a more formalised Lessons Learned function, ensuring that insights from project delivery are systematically captured, shared, and used to inform continuous improvement.<br><br>Issue Owner: Manager Operational Excellence.<br><br>Target Date: 30 June 2027.<br><br>Recommendation 3<br><br>Management have confirmed the proposed targeted and staged assessment of OneCouncil configuration and design will include capturing lessons learned and including within a centralised lessons learned register.<br><br>Issue Owner: Manager ICT.<br><br>Target Date: 31 March 2027. | |

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# Internal Audit Findings

| Finding 3 – Poor visibility, ownership, and escalation processes over the end-to-end management of customer requests and related work orders | Moderate |
|---|---|

**Observations:**

There is poor visibility and inconsistent ownership of customer requests and related work orders across the CoO. This issue has contributed to a significant volume of duplicate, outstanding, overdue, and unassigned requests.

Customer requests and work orders are managed across multiple teams without clear, sustained oversight of request status, progression, or ownership across the customer request lifecycle. In particular, our review found:

- Ownership of requests is not consistently defined, maintained, or transferred as requests move between service lines or when staff availability changes (e.g. staff leave or absence).
- Service line staff may not always have a clear view of the nature of requests, their current status, whether actions are underway, or whether requests require escalation or reassignment.
- Analysis of OneCouncil data indicates 288 active customer requests do not have an assigned resource, suggesting a material number of requests are not actively owned by an individual officer or team.
- An extract from OneCouncil covering the period 11 February 2025 to 10 February 2026 identified 6,804 of 9,475 active customer requests are unresolved and overdue against recorded target resolution dates.

Consultation with service lines indicated that some overdue requests remain assigned to staff members who are no longer with the organisation. While recorded target dates are not linked to Council-wide SLAs, the volume and age of overdue requests points to weaknesses in ownership, escalation expectations, and management oversight across the customer request and work order lifecycle.

Further, clear escalation pathways, decision points, and accountabilities for managing overdue or complex customer enquiries are not consistently documented or embedded in business-as-usual practices across service lines. Once expected service timeframes are exceeded, there is limited guidance outlining when escalation should occur, who is responsible for escalation decisions, or what follow-up actions are required.

**Observations** (cont.):

As a result, our review highlighted the following issues:

- Escalation practices may rely on informal approaches and individual judgement rather than a defined, structured process. This included over half of pre-workshop questionnaire respondents disagreed or strongly disagreed that roles, responsibilities, governance structures, and escalation pathways related to customer request management are clearly defined within documented processes.
- There is limited clarity on escalation triggers, particularly in the absence of consistently defined SLAs that specify expected timeframes.

**Risk(s):**

- Poor visibility and inconsistent ownership of customer requests across the CoO reduces accountability for request progression, oversight, and escalation.
- This increases the risk of requests remaining unassigned, inaccurately tracked, or unresolved, resulting in duplication, reassignment loops, and delayed resolution.
- Reduced transparency over request ageing and workload, impacting on effective prioritisation and escalation, and ultimately resulting in inconsistent service delivery outcomes and poorer CX.

**Recommendations:**

The CoO should:

1. Conduct a **structured data cleanse of customer requests and work orders within OneCouncil** to improve data quality, integrity, and reporting reliability. This should include:
   - Reviewing and resolving requests and work orders that are not correctly classified (e.g. not appropriately marked as unresolved, overdue, or unassigned).
   - Identifying and remediating duplicate records across customer requests and work orders.

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# Internal Audit Findings

| **Finding 3 – Poor visibility, ownership, and escalation processes over the end-to-end management of customer requests and related work orders** (cont.) | **Moderate** |
|---|---|

*Continued from the previous page.*

**Recommendations** (cont.):

The CoO should:

2. (In conjunction with Finding 1, Recommendation 1) **Undertake a comprehensive assessment of OneCouncil configuration and usage to identify the root causes of visibility, status, and data quality limitations impacting the management of customer requests and work orders.** This should include:
   - Reviewing system configuration, workflows, and status definitions to determine whether they appropriately support visibility and tracking of requests across service lines.
   - Assessing how customer requests and work orders are captured, updated, and progressed in practice to identify inconsistencies in system use.
   - Identifying gaps in the level of detail and data fields required to support effective monitoring, reporting, and lifecycle management. Any gaps identified should inform improvements with the broader OneCouncil uplift roadmap (refer to Finding 1, Recommendation 2).
3. Investigate **improvements to visibility, ownership controls, and escalation protocols to OneCouncil within the Customer Experience Program.** This should include:
   - Develop and document escalation triggers, decision points, and accountabilities for overdue or complex requests.
   - Establish and formalise governance for escalation processes and service management practices to support consistent monitoring, decision-making, and accountability across service lines.
   - Define and formalise standards for ownership at each stage of the customer request and work order management lifecycle, including clear accountabilities for request progression and closure.
   - Establish controls to support all active requests assigned to a responsible individual or team through all stages of lifecycle.

**Management Actions:**

Recommendation 1

Customer Relations has been supporting the close out of old and ageing customer requests on behalf of the Operations team. This does not represent a structured data cleanse of customer requests and work orders. Customer Relations are not resourced to undertake a structured data cleanse of all requests, work orders and duplications.

It is recommended as part of the OneCouncil Uplift that in the Customer Program of Work this is an element to be undertaken by the relevant business unit. Management will confirm the accountable party for undertaking and overseeing the data cleanse activities once structural changes and discipline areas are confirmed by the organisation.

Issue Owner: Manager Libraries, Customer Relations and Recreation.

Target Date: 31 March 2027.

Recommendation 2 (including addressing Recommendation 3)

A targeted and staged assessment of OneCouncil configuration, Business Process Automations (BPAs), and operational practices will be undertaken to identify root causes of visibility, ownership, and data quality issues impacting customer requests and work orders.

This will include:

- Reviewing system configuration, BPAs, and status definitions to ensure they appropriately support visibility, tracking, and lifecycle management across service lines (noting that OneCouncil utilises BPAs rather than traditional workflows).
- Assessing how customer requests and work orders are captured, updated, and progressed in practice, identifying inconsistencies in system use, process application, and user behaviour.
- Identifying gaps in data structures, mandatory fields, and level of detail captured at intake, ensuring service providers receive the information required to effectively manage requests.

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# Internal Audit Findings

| **Finding 3 – Poor visibility, ownership, and escalation processes over the end-to-end management of customer requests and related work orders** (cont.) | **Moderate** |
|---|---|
| *Continued from the previous page.*<br>• (cont.) Recognising that visibility and ownership issues are not solely system-related, but are equally influenced by service design, operating model, and role clarity, including how accountability is defined and enacted across the request lifecycle.<br>• Ensuring a strong focus on training, guidance, and process standardisation, so staff understand both what is required and how to consistently apply system processes in their day-to-day activities.<br>• Capturing identified issues (configuration, process, data, and capability) and feeding them into the OneCouncil Improvement Program backlog for prioritisation (refer Finding 1, Recommendation 2), based on service impact and value.<br>• Management has confirmed that the OneCouncil review will also consider the escalation protocols, ownership controls and ongoing monitoring requirements in conjunction with the Customer Experience Program.<br>This approach recognises that improving visibility, ownership, and escalation requires a balanced focus on system configuration, process design, and people capability, supported by effective change management and business ownership.<br>Issue Owner: Manager ICT.<br>Target Date: 31 March 2027. | |

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# Internal Audit Findings

| Finding 4 – Service Level Agreements and Customer Metrics are not formally embedded within OneCouncil | Moderate |
|---|---|

**Observations:**

The CoO has not established or embedded clear, organisation-wide customer metrics or standards to consistently manage customer request timeframes, communication, and end-to-end customer outcomes. While intake metrics for customer requests exist within Customer Relations, they remain informal, front-end focused, and are not consistently translated into system-embedded standards, metrics, or minimum expectations governing how customer requests are managed across service lines.

The following issues were highlighted during our review:

Organisation-wide SLAs are limited or undefined

- Limited organisation-set SLAs exist to define expected service standards for customer request and work order management.
- Service timeframes that previously existed within legacy systems were not formally re-established or operationalised following the implementation of OneCouncil. OneCouncil timeframes that do exist primarily reflect whether requests are open or closed, rather than measuring progress against defined workflow stages or customer service expectations.
- Service prioritisation and progression are largely determined through manual triage and localised practices rather than system-embedded service standards. This was further evidenced by the results of the pre-workshop questionnaire, with the majority of respondents who disagreed or strongly disagreed that OneCouncil workflows make it easy to consistently meet or accurately report on SLAs, aligning with the absence of clearly defined and embedded SLAs.

Customer intake metrics are not defined with an end-to-end, organisation-wide focus

- Informal customer request intake metrics maintained within Customer Relations are primarily focused on front-end customer interactions (such as 'answer 80% of calls within 30 seconds'), and may not reflect broader service delivery requirements or downstream service line processes.
- There are limited defined metrics that specify required information quality or categorisation at intake to support efficient downstream service delivery. OneCouncil data indicates 1,052 unresolved customer requests classified as "General Enquiries" between 1 January 2023 and 10 February 2026, indicating a high volume of requests recorded without sufficient detail to determine the nature of the request at intake.

**Observations** (cont.):

Minimum standards are not established within a Customer Charter or similar

- There is no public-facing Customer Charter or equivalent artefact setting consistent expectations for customers and staff regarding service standards, communications, and request closure. Better practice would include defining standards in a Customer Charter or similar which outlines:
  - Service response metrics (e.g., target response times for inbound communications, target timeframes for acknowledging and responding to customer requests across channels).
  - Interim communication standards (i.e., when customers should receive updates if a request cannot be resolved within standard timeframes, and what constitutes an acceptable interim response).
  - Closure of requests, including when a request may be closed and what communication needs to be provided to the customer.
  - Service standards (consistent service standards that set expectations for both customers and staff).
- Staff reported uncertainty around appropriate practices for customer communication and request closure, particularly where work is ongoing or outcomes are not definitive.

**Risk(s):**

- The absence of organisation-wide customer metrics, service standards, and embedded SLAs reduces consistency in how customer requests and work orders are prioritised, progressed, and managed across service lines.
- This increases the risk of variability in request handling, including inconsistent triage, delayed progression, and unclear communication and closure practices.
- This results in inconsistent service delivery, reduced ability to monitor and enforce performance expectations, and poorer customer experience outcomes.

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# Internal Audit Findings

| **Finding 4 – Service Level Agreements and Customer Metrics are not formally embedded within OneCouncil** (cont.) | **Moderate** |
|---|---|
| *Continued from the previous page.*<br><br>**Recommendations:**<br><br>The CoO should:<br><br>1. Within the Customer Experience Program, **re-establish Service Level Agreements (SLAs) and Customer Metrics.** This should include:<br>• Define and formalise clear SLAs for different request types, including expected response and resolution timeframes, aligned to the nature, priority, and complexity of requests.<br>• Develop a consistent set of measurable metrics (e.g. response times, resolution times, call handling performance) to monitor service delivery and customer outcomes across service lines.<br>• Following development of SLAs and metrics, consider formalising and communicating key service standards through a public-facing Customer Charter.<br>2. Embed **SLAs within OneCouncil workflows and consider use for performance reporting.** This should include:<br>• Configure OneCouncil workflows to reflect defined SLAs and timeframes.<br>• Enable system-based monitoring and reporting of SLA performance.<br>• Support consistent system-led management of request progression and performance across service lines. | **Management Actions:**<br><br>Recommendation 1<br><br>Work is currently being progressed through a CX initiative 'Closing the Loop' a pilot with the Operations team. The trial is focused on understanding the end-to-end customer request journey across service delivery. The pilot is designed to assess how current OneCouncil configuration supports operational requirements in practice.<br><br>As part of this work:<br>• A structured, end-to-end review of customer request workflows is being undertaken to assess alignment between system functionality and operational service delivery needs.<br>• This review will define the SLAs, service standards and performance measures for individual business units<br>• The pilot is actively identifying functional and process gaps.<br>• The findings of this pilot will be provided to ICT to configure OneCouncil to support and automate these requirements where appropriate.<br><br>Insights and findings are being captured and documented, with a focus on developing a replicable model that can be rolled out to the wider organisation.<br><br>A public-facing Customer Charter is to be developed as part of the CX program planned work following the development of SLAs and metrics.<br><br>Issue Owner: Manager Libraries, Customer Relations and Recreation.<br><br>Target Date: 30 June 2028. |

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# Internal Audit Findings

| **Finding 4 – Service Level Agreements and Customer Metrics are not formally embedded within OneCouncil** (cont.) | **Moderate** |
|---|---|
| *Continued from the previous page.*<br><br>Recommendation 2<br><br>The effective use of Service Level Agreements (SLAs) within OneCouncil is dependent on the prior definition and agreement of service standards, response timeframes, ownership models and performance measures by the relevant business areas. Council recognises that these requirements must be established at a business level before they can be supported through system configuration.<br><br>Once SLA requirements, service standards and performance measures have been defined and approved by the business, ICT will work with stakeholders to configure OneCouncil to support and automate these requirements where appropriate.<br><br>This may include:<br><br>• Configuring Business Process Automations (BPAs), status definitions and data fields within OneCouncil to:<br>  ○ Reflect agreed SLA timeframes and service standards.<br>  ○ Trigger alerts or escalations where SLAs are approaching breach or have been exceeded.<br>  ○ Support consistent progression and management of customer requests across service lines.<br>• Enabling baseline system-based monitoring of:<br>  ○ SLA performance, including response and resolution timeframes.<br>  ○ Request progression and status.<br>  ○ Workload and activity levels across service areas.<br><br>Council also recognises that while OneCouncil can support operational monitoring and reporting, meaningful performance reporting, organisational insights and decision support require clearly defined business metrics, reporting requirements, data governance and accountability frameworks. | Investigation of broader reporting and performance measurement capabilities will be considered as part of Council's wider data governance, reporting and performance management initiatives. OneCouncil will be configured to support approved business requirements and agreed service delivery outcomes.<br><br>Issue Owner: Manager ICT.<br><br>Target Date: 30 June 2028. |

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# Internal Audit Findings

| Finding 5 – Inconsistent customer request data to support monitoring, oversight and reporting of customer requests | Moderate |
|---|---|

**Observations:**

Insufficient accuracy, completeness and consistency of customer request data within OneCouncil limits the CoO's ability to effectively oversee service delivery performance, manage workloads and generate reliable reporting across service lines. Key contributing factors include:

- Duplicate records of requests and customer records in the Name and Address Register (NAR), inconsistent request states, and incomplete data captured across requests. The majority of the pre-workshop questionnaire respondents disagreed or strongly disagreed that staff have reliable access to accurate, complete, and easily interpretable reporting or historical data relating to customer requests.
- The absence of defined service level measures (such as embedded SLAs) within OneCouncil to support consistent measurement of timeliness and performance.
- Requests being duplicated, progressed outside OneCouncil, or left open due to workflow, permission, or system limitations identified in other findings.

In response to these data limitations, operational reporting often requires manual interpretation and reconciliation across multiple systems, including:

- Waste Management, where reporting is collated across WasteTrack and OneCouncil; and
- Elected Member correspondence is managed by the Civic Governance team using Microsoft Planner, with workflow tracking occurring outside OneCouncil and a reference record maintained within OneCouncil.

Consultation indicated this reliance on fragmented data sources contributes to anecdotal explanations of performance rather than accurate and data-informed reporting. Data quality issues are further compounded by limited and inconsistent reporting functionality, with standard dashboards and reports for outstanding requests, ageing, overdue items, and workload distribution either unavailable, difficult to access, or not reflective of actual operational activity.

Better-practice reporting in a local government context typically includes regular (e.g. monthly or quarterly) executive-level reporting, supported by Management level dashboards, which provide visibility over request volumes, timeliness against service standards, ageing of outstanding requests, and workload distribution.

**Risk(s):**

- Poor data accuracy, completeness, and consistency within OneCouncil reduces its effectiveness as a reliable system of record for customer requests and work orders.
- This increases the reliance on manual reconciliation and fragmented data sources, resulting in inconsistent or unreliable reporting on request volumes, timeliness, workloads, and outcomes.
- This limits the CoO's ability to effectively monitor performance, identify bottlenecks, and make informed, data-driven decisions, leading to reduced governance and oversight of customer request management and inconsistent service delivery outcomes.

**Recommendations:**

The CoO should:

1. Once the OneCouncil data cleanse has been completed (Finding 3, Recommendation 1), and service level agreements have been defined and embedded within OneCouncil (Finding 4, Recommendation 1), **investigate enhancement of OneCouncil reporting capabilities**. This should include:
   - Investigate capability for dashboard reporting available to service line managers and staff, sighting number of outstanding requests against SLAs.
   - Implement reporting to the Director Group (DG) and Council on statistics across customer request and work order management.
2. Consider **implementing and reinforcing data governance standards for customer request and work order management data within OneCouncil**. This should include:
   - Define data standards for customer request capture, including mandatory fields, consistent categorisation, and required data quality controls at intake.
   - Establish clear definitions and usage rules for request statuses to ensure consistent progression and closure of requests across service lines.
   - Assign accountability for data quality ownership and oversight at an enterprise and service line level

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# Internal Audit Findings

| **Finding 5 – Inconsistent customer request data to support monitoring, oversight and reporting of customer requests** (cont.) | **Moderate** |
|---|---|
| *Continued from the previous page.*<br>**Management Actions:**<br>Recommendation 1<br>We are aware of OneCouncil's reporting capabilities as a result of the enhanced complaint management process.<br>OneCouncil has the capability for:<br>• Dashboard reporting.<br>• Number of outstanding requests.<br>• Performance against service levels.<br>These reports can be provided to Director Group in line with the requirements set by the Performance and Accountability Framework.<br>Issue Owner: Manager Libraries, Customer Relations and Recreation.<br>Target Date: 31 January 2028.<br><br>Recommendation 2<br>There is an opportunity to link these recommendations and our data governance standards to the broader:<br>• Data Governance Framework and<br>• Performance and Accountability Framework<br>These standards are currently in development.<br>Issue Owner: Manager Operational Excellence.<br>Target Date: 31 January 2028. | |

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# Internal Audit Findings

| Finding 6 – System access in OneCouncil does not align with operational roles or working hours | Low |
|---|---|

**Observations:**

System access and request pool permissions in OneCouncil do not consistently align with how field-based and after-hours staff operate, constraining their ability to manage customer requests end-to-end.

While field-based and after-hours staff can view certain customer requests in OneCouncil and add notes, they do not consistently have sufficient system permissions to allocate, progress, or close requests. This limits their ability to manage requests through the full lifecycle within OneCouncil. For example:

- Within Regulatory Services, Rangers operate outside standard Business Support hours.
- During after-hours periods, Rangers can access customer requests within customer service or general enquiry resource pools but cannot self-assign requests or trigger associated workflows. This impacts after hours staff not obtaining the benefit of application workflows and the procedural steps they contain, standard templates are not triggered, and key reporting fields cannot be completed.
- As a result of the above, requests are left open or partially updated and subsequently handed back to the Business Support Team during business hours for follow-up, reallocation, or closure.
- Permission restrictions may be applied in part to preserve regulatory integrity and evidentiary requirements for higher-risk regulatory matters (e.g. matters that may result in enforcement action or legal proceedings such as dog attack management). However, consultation identified that current permission settings do not consistently differentiate between higher- and lower-risk request types or workflow stages, resulting in similar restrictions being applied across all regulatory workflows, including those that may be lower risk and suitable for more streamlined handling.

These access and permission constraints indicate that current request pool configuration and workflow design do not consistently support operational roles that function outside standard hours.

**Risk(s):**

- The CoO's process for managing customer requests may not be followed, which may cause additional, manual duplication of work after the request is resolved.
- Misalignment between OneCouncil system access and operational roles limits the ability of field-based and after-hours staff to manage customer requests end-to-end.
- This increases reliance on manual hand-offs, resulting in delays in request progression and closure, duplicated handling, and reduced real-time visibility of request status and outcomes.
- This leads to increased backlogs, reduced operational responsiveness and accountability, and ultimately inconsistent service delivery and poorer CX.

**Recommendations:**

The CoO should:

1. Within the targeted assessment of OneCouncil configuration, **service line access and functionality requirements should be reviewed and refined across OneCouncil** (refer Finding 3, Recommendation 2). Any changes to system access or functionality should be supported by appropriate change management processes.

**Management Actions:**

Broader platform-level access requirements are addressed separately across actions within Finding 3, Recommendation 2 Management actions.

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# Internal Audit Findings

| Finding 7 – Inconsistent ongoing training provided to support OneCouncil use | Low |
|---|---|

**Observations:**

While initial training was provided as part of the OneCouncil implementation, ongoing training to support consistent OneCouncil use has not been embedded across service lines.

Initial system training was delivered as part of the OneCouncil implementation of Project 2 and Project 3; however, consultation indicates that this training has not been consistently reinforced through ongoing, role-specific training, refresher sessions, or embedded guidance materials.

Ongoing and role-specific training to support OneCouncil use appears limited. For example, formal training was delivered for the rollout of Project 2 between May 2022 and September 2022. However, in September 2022, training support concluded as resources transitioned to focus on Project 3 implementation, with limited equivalent ongoing or role-based training model. This is supported by consultation results, with the majority of pre-workshop questionnaire respondents disagreeing or strongly disagreeing that they had received sufficient training to use OneCouncil and related systems effectively, indicating there may be inconsistent training coverage and enablement across service lines.

**Risk(s):**

- The absence of consistent, role-specific training and embedded guidance reduces the effective use of OneCouncil across service lines.
- This increases reliance on local practices, manual workarounds, and individual judgement, resulting in inconsistent use of system functionality and variability in how customer requests are managed.
- This leads to inconsistent execution of end-to-end customer request and work order processes, resulting in reduced service consistency and poorer customer experience outcomes.

**Recommendations:**

The CoO should:

1. Establish and embed a **structured, ongoing OneCouncil training program to support consistent OneCouncil use across service lines.** This should include:
   - the development and delivery of role-based training tailored to key user groups (e.g. intake, operational, supervisory);
   - implementation of formal onboarding processes for new starters that incorporate OneCouncil training as a standard component of business operations;
   - delivery of periodic refresher training and targeted uplift sessions aligned to identified issues, system changes, or functionality gaps; and
   - the provision of accessible guidance materials (e.g. procedures, quick reference guides) to support consistent application of system processes.

**Management Actions:**

Recommendation 1

A structured and ongoing training program will be established to support consistent business processes including system use across service lines, aligned with operational requirements and customer experience objectives. Business owners will have primary responsibility for maintaining ownership of all business-specific content, ensuring instruction guides, procedures and other guidance materials remain accurate, current and aligned with business processes and system functionality and training is provided to their teams on business processes including to new employees.

This work would be supported by the Learning and Development team who will play a key role in supporting Business Owners to build their capability in developing instruction guides and delivering training where required, including providing guidance on developing clear, effective learning resources, providing coaching to ensure Business Owners are confident in training their teams, and establishing systems to manage and track training, including storage of training information.

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# Internal Audit Findings

| **Finding 7 – Inconsistent ongoing training provided to support OneCouncil use** (cont.) | **Low** |
|---|---|
| *Continued from the previous page.*<br><br>Accessible guidance materials, including procedures and quick reference guides, will be developed and maintained to support consistent application of system processes.<br><br>Issue Owner: Manager People and Culture.<br><br>Target Date: 31 March 2027.<br><br><u>Recommendation 2</u><br><br>The CX program of work will support this outcome by identifying training gaps as we work with individual business units. These gaps will be documented and presented for further training consideration.<br><br>Issue Owner: Manager Libraries, Customer Relations and Recreation.<br><br>Target Date: 31 March 2027. | |

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# Appendices


| | | |
|---|---|---|
| A | Customer Request and Work Order Management Review | 35 |
| B | OneCouncil Implementation Timeline | 39 |
| C | High-Level Customer Experience (CX) Maturity Assessment | 41 |
| D | Management Actions Status – Complaints Management IA | 44 |
| E | Scope of Work | 47 |
| F | Stakeholders Consulted | 50 |
| G | Risk Rating Framework | 52 |
| H | Disclaimers | 55 |



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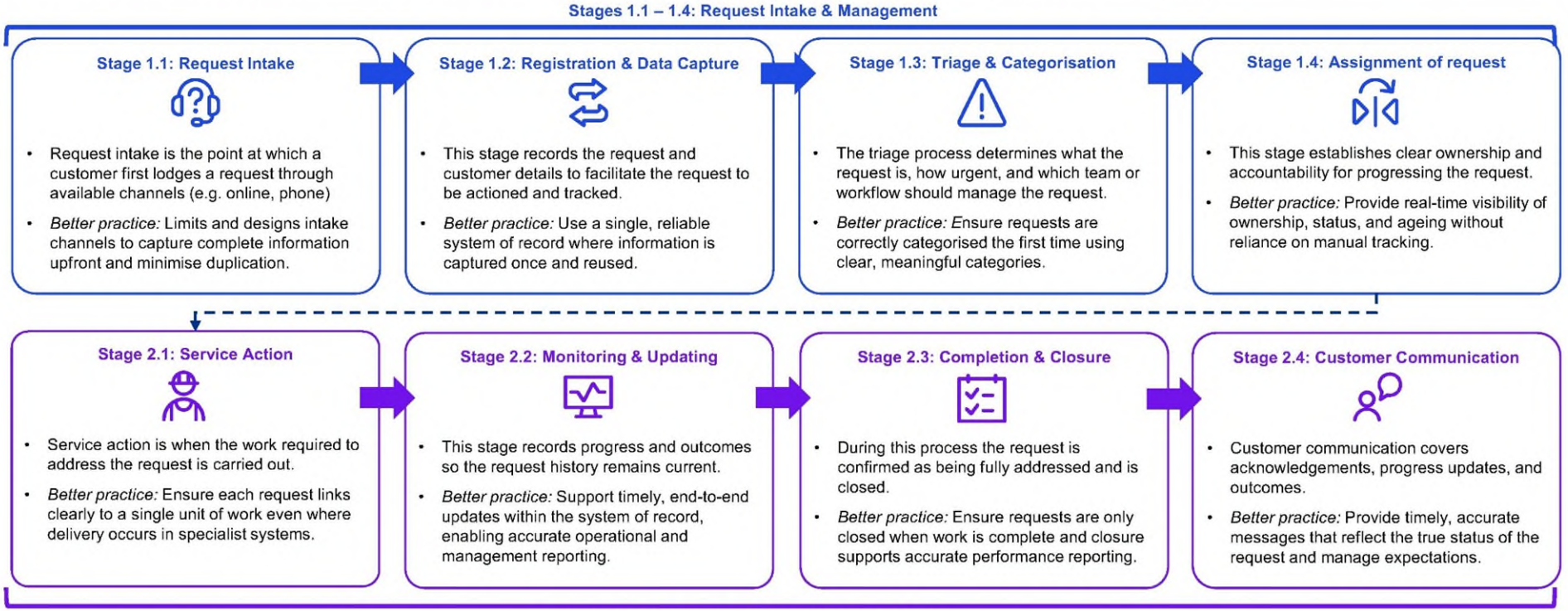
# Appendix A

# Customer Request and Work Order Management Review

APPENDIX A

# KPMG's Customer Request & Work Order Management Methodology

The following graphic presents KPMG's Customer Request and Work Order Management across eight key stages, illustrating how customer requests should be received, managed and resolved. This methodology has been applied across the CoO to assess management of customer requests and work orders across service lines, and to identify common pain points and areas of process variation identified through stakeholder consultations. The process has been grouped into two phases: Stages 1.1 to 1.4, representing Request Intake & Management, and Stages 2.1 to 2.4, representing Service Delivery & Communication. Where service lines identified key pain points across each stage of the customer request and work order management process has been mapped on the following pages.




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APPENDIX A

# Customer Request & Work Order Management– Identified Issues

The following summarises the customer request management process across eight stages, from intake through to resolution. Common pain points and areas of process variation have been mapped against better-practice Customer Request Management.

**Request Intake & Management**

## Stage 1.1: Request Intake



- **Observation 1.1.1: Inconsistent Capture of Customer Information:** Customer requests are not consistently captured with sufficient detail at the point of intake to clearly identify customer intent, urgency, location accuracy, or service type.
  - *Impact:* This creates a reliance on service line teams to manually interpret, clarify, or re-work requests before they can be progressed to service action.
  - *Impact:* Without appropriately capturing data against system matching rules, requests are not consistently linked to a single customer record, resulting in duplicate customer profiles and limited visibility of prior interactions, history, and related requests.

## Stage 1.2: Registration & Data Capture



- **Observation 1.2.1: Channel fragmentation:** Customer requests are received through multiple channels (e.g. phone, web forms, email, Snap Send Solve), which are not governed by a single, controlled intake mechanism. Each customer contact may be logged as a separate request, limiting the ability to identify related requests at the point of registration, creating duplication of requests within OneCouncil.
  - *Impact:* Duplicate records undermine the accuracy of reporting on request volumes, ageing, and performance, limiting Council's ability to rely on OneCouncil data for operational and management decision-making.
  - *Impact:* Related customer contacts logged as separate requests progress independently through the system, inflating request volumes and distorting demand visibility.
  - *Impact:* Service lines are required to identify, reconcile, and manage duplicate requests manually, increasing handling effort and request closure time.

## Stage 1.3: Triage & Categorisation



- **Observation 1.3.1: Requests over-classified as general enquiries:** A high volume of requests are classified as "general enquiries", obscuring the nature of work required and limiting effective prioritisation, routing, and reporting. Data analysis of an extract of customer requests in OneCouncil indicates 1,052 active requests currently remain unresolved OneCouncil under the "general enquiries" classification.
  - *Impact:* Requests may circulate through reassignment loops or be progressed outside OneCouncil, increasing handling effort and reducing the reliability of system records.
  - *Impact:* General enquiries require additional manual effort for service lines to further understand the request to appropriately action.
  - *Impact:* Where requests remain open or unresolved, customers are more likely to re-contact Council, generating additional follow-up enquiries that are again logged as general enquiries, further inflating volumes and rework.

## Stage 1.4: Assignment of request



- **Observation 1.4.1: Governance and visibility over requests:** Ownership of requests is not clearly defined or consistently maintained within service lines. In addition, Business Support reported large volumes of requests sitting in shared resource pools without clear sequencing or accountability, increasing reliance on manual daily triage.
  - *Impact:* Collectively, these ownership gaps increase the total stalled requests, reassignment loops, and repeat customer contact. This delay in customer action impacts service standards to customers.
  - *Impact:* Without appropriate governance over request ownership, accuracy over ageing requests and workload reporting is limited.

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APPENDIX A

# Customer Request & Work Order Management– Identified Issues

The following summarises the customer request management process across eight stages, from intake through to resolution. Common pain points and areas of process variation have been mapped against better-practice Customer Request Management.

**Service Delivery & Communication**

## Stage 2.1: Service Action



- **Observation 2.1.1: Fragmented system use required:** OneCouncil does not fully support operational needs as the primary system for customer request management. Service lines may rely on parallel systems and tools to manage work and communications.
  - *Impact:* Service lines may operate across both OneCouncil and parallel systems to understand request status, history, and outcomes, increasing handling effort, duplication and inconsistent records.
  - *Impact:* No single system provides an end-to-end view of customer requests and service actions, limiting service line oversight of workload, ageing, and completion.
- **Observation 2.1.2: Poor workflow design:** Rigid workflow design limits operational flexibility, preventing staff from progressing requests pragmatically in response to real-world conditions, particularly during field-based work.
  - *Impact:* Rigid workflows and poor field usability drive manual workarounds and deferred updates. This increases administrative effort and reduces the timeliness and reliability of request data.

## Stage 2.2: Monitoring & Updating



- **Observation 2.2.1: SLAs not consistently or accurately embedded:** Service levels are not consistently defined, embedded, or measurable across customer request types within OneCouncil, limiting effective prioritisation, monitoring, and customer expectation management.
  - *Impact:* Without embedded and measurable SLAs, service lines cannot consistently prioritise requests based on urgency or service commitments, increasing reliance on manual triage and local practices.
  - *Impact:* Inaccurate and incomplete request data limits the CoO's ability to monitor compliance with service standards, report on performance, or hold service lines accountable for meeting agreed timeframes.
  - *Impact:* The absence of clear, system-supported SLAs reduces Council's ability to set and manage customer expectations, increasing the likelihood of follow-up enquiries and complaints.

## Stage 2.3: Completion & Closure



- **Observation 2.3.1: Limited lifecycle control:** Request management does not follow a consistent or enforced lifecycle across OneCouncil, resulting in requests being prematurely closed or left open after service delivery. Lifecycle stages such as monitoring, updating, completion, and closure are applied inconsistently across service lines, particularly where service actions are progressed or completed outside OneCouncil.
  - *Impact:* Inconsistent lifecycle execution results in request status and ageing data that does not reliably reflect actual service delivery, limiting confidence in operational reporting.
  - *Impact:* Service lines and managers lack a clear, end-to-end view of request progression and completion, reducing their ability to monitor workload, identify delays, or intervene early.

## Stage 2.4: Customer Communication



- **Observation 2.4.1: Inaccurate communications and poor visibility:** Customer communications are not consistently aligned to the actual status or progression of service delivery, and communication history is fragmented across systems and channels. OneCouncil generates automated notifications at key points in the request lifecycle, including closure. However, customer notifications are not always reflective of real service outcomes, particularly where work is progressed or completed outside OneCouncil or requires follow-up actions.
  - *Impact:* Communications that are misaligned with actual service progress reduce transparency and increase the likelihood of follow-up enquiries and complaints.
  - *Impact:* Fragmented communication history requires staff to reconstruct prior interactions manually, increasing handling effort and the risk of inconsistent or duplicated responses.

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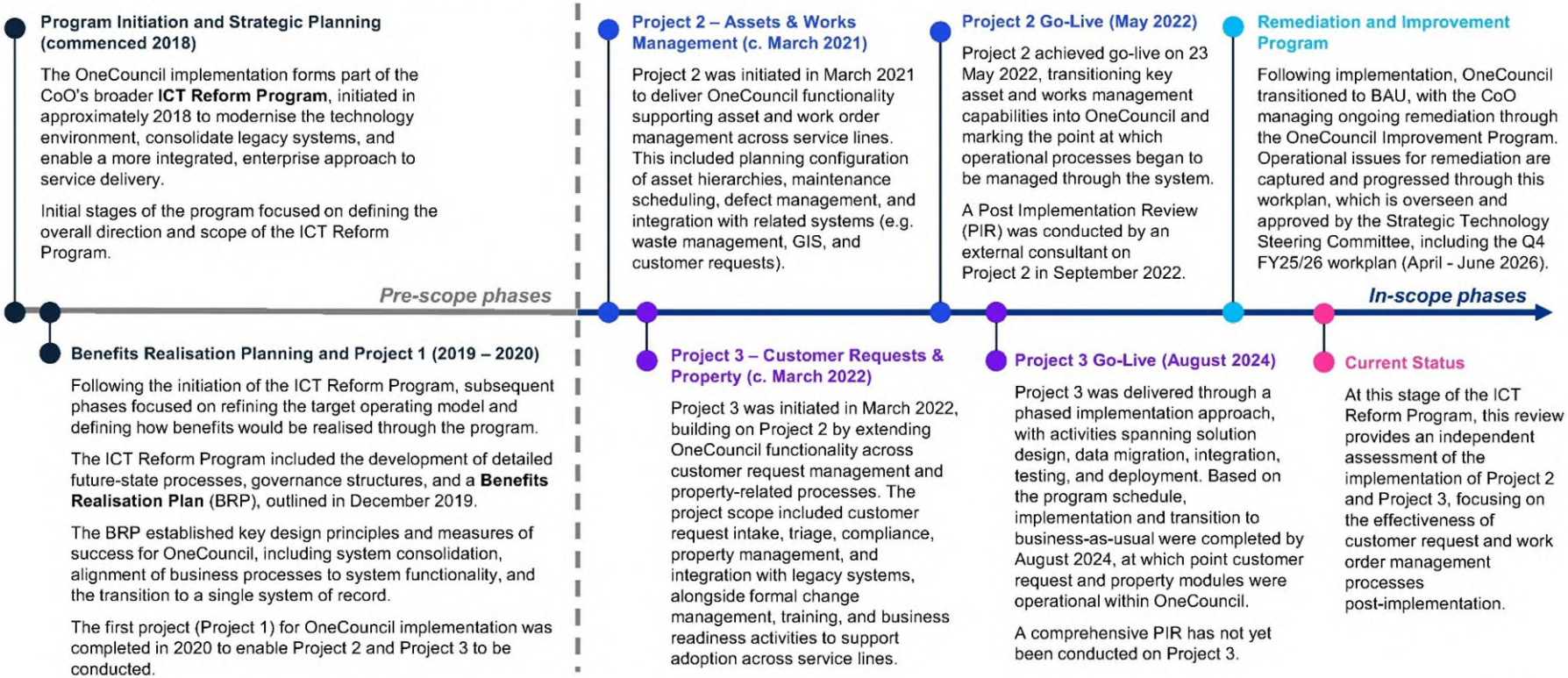
# Appendix B

# OneCouncil Implementation Timeline

APPENDIX B

# OneCouncil Implementation Timeline

The following timeline outlines the staged implementation of OneCouncil as part of the CoO's ICT Reform Program, highlighting key milestones in the provision of customer request and work order management capabilities. This internal audit included a specific focus on Project 2 and Project 3 phases of OneCouncil implementation.




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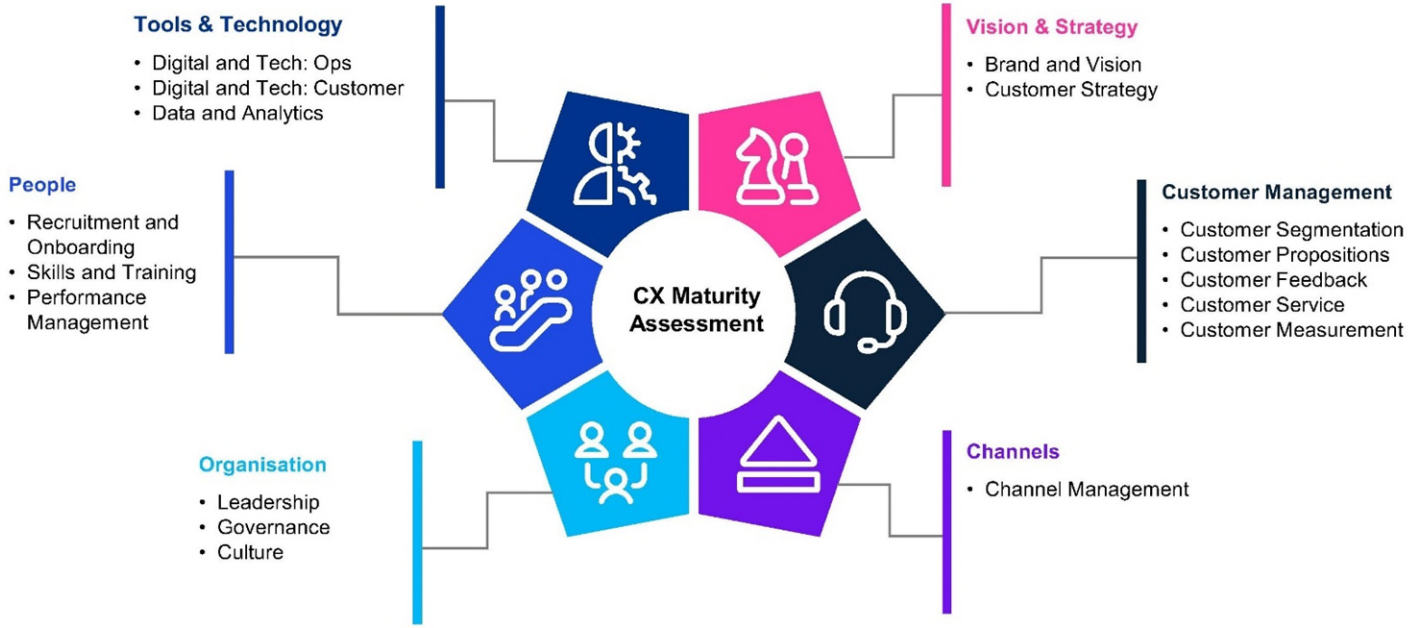
# Appendix C

# High-Level Customer Experience Maturity Assessment

APPENDIX C

# KPMG's Customer Experience (CX) Maturity Model

The KPMG CX Maturity Assessment provides a way to understand how organisations effectively mobilise around delivering excellent CX. Given the significant challenges Local Government has faced in recent years and anticipated future challenges, understanding how the CX impacts services is vital. The maturity assessment provides insight into what the CoO's current strengths are and helps to identify opportunities for improvement.

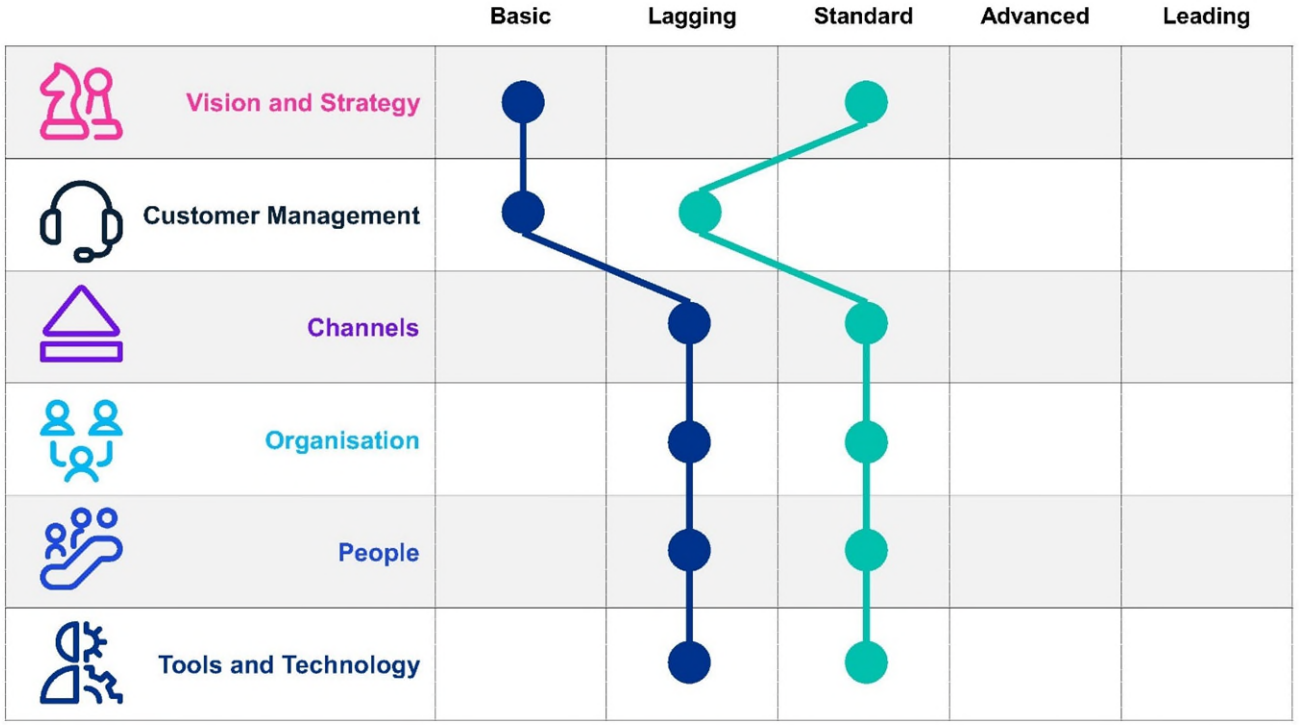



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APPENDIX C

# KPMG's Customer Experience Maturity Assessment

The following assessment summarises the current CX maturity level of the CoO, based on documentation review, consultation with service lines, pre-workshop questionnaire responses, and facilitated workshops. While the pre-workshop questionnaire results indicated a more favourable view of CX maturity across some areas, the overall maturity assessment has been refined to reflect observed practices, system capabilities, and alignment to recognised better-practice CX standards.




Key

- **The CoO's current state**
- **The CoO's target state**

**Basic:** Unpredictable, poorly controlled, reactive

**Lagging:** Not meeting standard practice, repeated, expected tasks

**Standard**: Defined and documented processes, proactive

**Advanced:** Process integrated, visionary, controlled, measured

**Leading:** Market leading practice, organisational alignment, continual improvement

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# Appendix D

# Management Actions – Complaints Management Internal Audit

APPENDIX D

# Management Actions – Complaints Management Internal Audit

An Internal Audit of the CoO's Complaints Management processes was conducted in FY25. The following table outlines the current status of management actions associated with High and Moderate findings identified in the report.

| Rating | Ref # | Description | Recommendation(s) | Current Status | Issue Owner | Target Date |
|---|---|---|---|---|---|---|
| **High** | **1** | **Limited complaints reporting to enable holistic oversight** | 1. It is recommended the CoO implement complaints reporting and reporting requirements are reflected in the Customer Feedback Policy and Procedures. | 1. In progress – Systems and procedures have been updated to capture complaint information, with dashboard reporting in progress pending sufficient data collection. | Manager ICT | 31 July 2025 |
| **Moderate** | **2** | **Inconsistent complaints close out process** | 1. Update the Customer Feedback Procedure to give guidance to staff on key actions taken and outcomes for complaints that are unable to be resolved in the first instance. This should include what evidence needs to be captured and in what systems.<br>2. Update the Customer Feedback Procedure to require staff to provide status updates and anticipated response timeframes to complainants if the service request takes more than ten (10) business days to resolve.<br>3. Communicate the above updates to the Customer Feedback Procedure to all customer facing staff across CoO.<br>4. Investigate whether the OneCouncil system can provide reporting to Customer Relations in relation to overdue or unanswered complaints, so that they may be followed up.<br>5. Seek feedback from customers on the CoO's handling of the complaint upon closure to inform continuous improvement. | 1. Complete – The Customer Feedback Procedure has been updated (approved December 2025) to include steps for closing complaints and documenting outcomes.<br>2. Complete – Timeframe expectations for complaints are included within the updated procedure.<br>3. In progress – Training and communication (including videos and intranet updates) are being delivered to customer-facing staff.<br>4. In progress – Reporting on complaints remains in progress, subject to data availability.<br>5. In progress – Training and broader customer experience initiatives are underway to support continuous improvement in complaint handling. | Manager Libraries and Customer Relations<br>Manager Corporate Governance<br>Manager ICT | 31 July 2025 |

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APPENDIX D

# Management Actions – Complaints Management Internal Audit (cont.)

An Internal Audit of the CoO's Complaints Management processes was conducted in FY25. The following table outlines the current status of management actions associated with High and Moderate findings identified in the report.

| Rating | Ref # | Description | Recommendation(s) | Current Status | Issue Owner | Target Date |
|---|---|---|---|---|---|---|
| **Moderate** | 3 | **System limitations impact the CoO's ability to effectively handle complaints** | 1. Update the Customer Feedback Procedure to give guidance to staff on key actions taken and outcomes for complaints that are unable to be resolved in the first instance. This should include what evidence needs to be captured and in what systems.<br>2. Update the Customer Feedback Procedure to require staff to provide status updates and anticipated response timeframes to complainants if the service request takes more than ten (10) business days to resolve.<br>3. Communicate the above updates to the Customer Feedback Procedure to all customer facing staff across CoO.<br>4. Investigate whether the OneCouncil system can provide reporting to Customer Relations in relation to overdue or unanswered complaints, so that they may be followed up.<br>5. Seek feedback from customers on the CoO's handling of the complaint upon closure to inform continuous improvement. | 1. In progress – System updates being completed to enable separation of complaints and feedback in OneCouncil.<br>2. Complete – Complaint categories have been defined and included in the procedure.<br>3. In progress – System functionality for categorisation and timeframes has been implemented (subject to confirmation on priority ratings).<br>4. Complete – The Customer Feedback Procedure has been updated to reflect system and process changes.<br>5. In progress – Training updates are being rolled out through existing programs, including Integrity Matters and customer-focused training. | Manager Libraries and Customer Relations<br>Manager ICT | 31 October 2025 |

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# Appendix E

# Scope of Work

# Scope of Work

In accordance with the 2025/26 Internal Audit Plan for the City of Onkaparinga (CoO), an internal audit project focusing on the CoO's customer request and asset work order management processes post the OneCouncil implementation was performed.

The objective, scope and approach are outlined below.

### Objective

The objective of this internal audit project was to perform a review of the processes and controls that support the customer request and asset work order management workflow(s) post the recent implementation of the Assets & Works Management (Stage 2) and Customer Requests / Property (Stage 3) OneCouncil system modules.

Areas of focus for this internal audit included:

- Customer Requests, including relevant workflows relating to Permits, Community Safety, Tree Management and Waste Management teams.
- Assets & Works Management, including relevant workflows relating to the Assets and Construction teams.

### Scope of services

To address the overall objective above, the scope of this internal audit included consideration of the following:

- The extent of governance activities and artefacts (including policies and procedures) pertaining to customer request management and asset work order management. This included review of the clarity of relevant roles, responsibilities and accountabilities across the CoO.
- The end-to-end customer request and asset work order management workflow and linkage between the Customer Requests module and Asset & Works Management module. This included a focus on the triaging of requests and the workflow process and considered key issues arising post the implementation, including additional resources required to facilitate the process.
- Data management (input, processing, output/reporting and storage) pertaining to the system-workflow in-place to manage requests updated in the Customer Requests module and linkage with the Assets & Works Management module.
- With respect to the functionality of Stage 2 and Stage 3, review of intended functionality versus received functionality. Where issues are identified, understand how these issues are recorded and monitored for resolution.
- A high-level identification of lessons learned stemming from the Stage 2 and Stage 3 implementations.
- A high-level consideration of the status of Management actions arising from the previous Complaints Management internal audit report completed in 2023.

### Scope Exclusions

This internal audit did not consider governance activities, risk management activities and process followed in the implementation of Stage 2 and Stage 3 of OneCouncil.

### Approach

In performing this engagement, the following approach was followed:

- Desktop review of relevant key documentation, including CoO policies, procedures, templates and tools relevant to customer requests and asset works management.
- Review of the action plan developed post the implementation of Stage 2 and Stage 3 of the OneCouncil system to understand in flight work identified to address current system issues and limitations.
- Facilitation of two (2) workshops with key stakeholders to understand key areas of the implementation program of Stage 2 and Stage 3 of the OneCouncil system.
- Conduct up to eight (8) one-hour meetings with key stakeholders identified to understand key system functionality issues resulting post the system limitations, and any identified in-flight projects to address identified issues.

*Scope continued on the following page*

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# Scope of Work (cont.)

**Approach (cont.)**

- Leverage KPMG's Customer Experience Maturity Model to conduct a high-level assessment of the maturity of relevant areas of the CoO's customer request management practices (where applicable).
- Discussion of findings with Management and subsequent issuance of a draft internal audit report, outlining internal audit findings, recommendations and any performance improvement opportunities.
- Draft and finalise an internal audit report outlining internal audit findings, recommendations and any performance improvement opportunities.
- Present the report to the CoO Audit and Risk Committee.

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# Appendix F

# Stakeholders Consulted

APPENDIX F

# Stakeholders Consulted

**Consultation List**

The table below outlines all personnel who were involved in discussions and contributed to the findings detailed in this internal audit report.

| Name | Title |
|---|---|
| **Director Group** | |
| Jani Barker | Director Strategy, Engagement and Community |
| Jade Bird | Director Corporate and Commercial |
| Renee Mitchell | Director Planning, Governance and Regulatory Services |
| Matt Buckell | Director, Operations |
| **Corporate Governance** | |
| Nicole Roberts | Team Leader Corporate Governance |
| Caroline Parkin | Audit & Risk Officer |
| **ICT** | |
| Lesley Parker | Manager ICT |
| Michael Wilton | Team Leader Business Systems |
| Tina Ferguson | Senior Project Manager |
| Richard Boscence | Senior Business Analyst |
| **Business Support** | |
| Lynda Bird | Team Leader – Operations Business Support |
| Leanne Pringle | Business Support Officer |
| Kelly Sambevski | Business Support Officer |
| Shylie Lord | Business Support Officer |

| Name | Title |
|---|---|
| **Waste Management** | |
| Joshua Rose | Manager Fleet, Civil and Waste |
| James Palmer | Team Leader – Waste & Recycling |
| **Tree Management** | |
| Daryl Sowerby | Manager Parks & Facilities Operations |
| Rinus Bower | Team Leader Parks & Natural Resources |
| Joel Ashforth | Coordinator Urban Forest |
| **Permits** | |
| Ian Hawkins | Manager Community Safety & Property |
| Fiona Dallimore | Team Leader Property Transactions |
| Kim Grocott | Permit and Licencing Officer |
| **Community Safety** | |
| Trevor Ashenden | Team Leader Community Rangers |

| Name | Title |
|---|---|
| **Customer Relations** | |
| Stuart Purves | Manager Libraries and Customer Relations |
| Julie Janssan | Team Leader Customer Relations |
| Hannah Stevens | Coordinator Customer Relations |
| Rory Fitzsimmons | Customer Liaison Officer |
| **Assets & Technical Services** | |
| Morgan Ellingham | Manager Assets & Technical Services |
| Cameron King | Acting Manager Assets & Technical Services |
| Georgy Zachariah | Senior Capital Works Planner |
| **Construction & Projects** | |
| Justin Moule | Program Coordinator |
| **Development Services** | |
| Matthew Lawrence | Manager Development Services |

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# Appendix G

# Risk Rating Framework

APPENDIX G

# Risk Rating Framework

The following framework for internal audit ratings have been developed by the CoO for prioritising internal audit findings according to their relative significance depending on their impact to the process. The individual internal audit findings contained in this report has been discussed and rated with the CoO's Management.

| Likelihood | Likelihood of occurrence | |
|---|---|---|
| | **Operations** | **Projects** |
| Almost certain | **Expected to occur** again, immediately or within a short period – likely to occur most weeks or months. | Could be expected to occur more than once during the study or project delivery (over 75% probability) |
| Likely | **Will probably occur** in most circumstances – several times a year. | Could easily be incurred and has generally occurred in similar studies or projects (probability between 50%-75%) |
| Possible | **Could be incurred** within a one – two year period. | Incurred in a minority of similar studies or projects (probability between 25%-50%) |
| Unlikely | **Could be incurred** in a two - five year time frame. | Known to happen, but only rarely (probability between 0%-25%) |
| Rare | **May occur in exceptional circumstances.** Could be incurred in a 5-30 year timeframe. | Has not occurred in similar studies or projects. Conceivable but in extreme circumstances (Probability close to zero) |

| Likelihood | Consequence | | | | |
|---|---|---|---|---|---|
| | Insignificant | Minor | Moderate | Major | Catastrophic |
| Almost Certain | M | H | H | E | E |
| Likely | M | M | H | H | E |
| Possible | L | M | M | H | H |
| Unlikely | L | L | M | M | H |
| Rare | L | L | L | M | M |

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# Risk Rating Framework (cont.)

| Risk Categories | Appendix A: City of Onkaparinga Risk Consequence Table | | | | |
|---|---|---|---|---|---|
| | Insignificant | Minor | Moderate | Major | Catastrophic |
| Public Safety, Employee or Volunteer Welfare and & Psychosocial Wellbeing. | No impact on employee or volunteer well-being or morale.<br>No injury (near miss).<br>Report only event.<br>Negligible impact on work / daily living.<br>Mental health first aid treatment. | Minor impact on employee/volunteer well-being or morale.<br>Minor injury / illness<br>Minor medical treatment needed.<br>(FTI) First aid treatment injury.<br>No hospitalization.<br>Minor impact on work / daily living.<br>Use of Employee Assistance Program (EAP). | Moderate impact on employee or volunteer well-being or morale of a worksite.<br>Moderate injury or illness.<br>Extensive medical treatment.<br>Hospital admission for < 2 days.<br>MTI (Medically treated injury) with Lost time of < 5 days.<br>Incident resulting in > 1 FTI.<br>Bullying or harassment complaint.<br>Moderate impact on work / daily living.<br>Annual staff turnover of >20% of entire workforce or 30% of a work group<br>Loss of member of Executive Management Team | Major impact on employee/volunteer (s) well-being or morale of multiple worksites.<br>Major / permanent injury / illness.<br>Temporary disability or hospitalization > 2 days.<br>Any injury / incident notifiable to technical regulator(s).<br>Major impact on work / daily living.<br>Annual staff turnover of 30% - <75%<br>Loss of 2 members of Executive Management Team | Wide ranging impact on workforce well-being or morale.<br>Fatality or permanent disability / illness.<br>Long term hospital admission.<br>Widespread health and safety events, multiple injuries.<br>Regulatory penalties/fines applied.<br>Catastrophic impact on work / daily living.<br>Serious injury /harm including sexual assault/rape.<br>Annual staff turnover of > 75%<br>Loss of entire/majority of Executive Management Team |
| Reputation & Community Expectation | Occasional local publicity or complaints.<br>No media attention. | Periodic local community publicity on social pages and/or complaints.<br>Community concern involving Elected Members.<br>Isolated media coverage. | Heightened community concern requiring direct effort to resolve.<br>Adverse commentary on Councils social media pages (< 3 days).<br>State-wide adverse media. | Ombudsman, Government/ Coroner inquiry or legal proceedings.<br>Organized community campaigning.<br>Sustained State-wide or National adverse media attention. (>1wk) | Loss of Community support, intense public, or political scrutiny.<br>Prolonged adverse media attention.<br>Mayor, CEO and / or Elected Member(s) forced to resign. |
| Political | No political implications.<br>No political factors.<br>No impact to broader LGA | Community concern involving Elected Members.<br>Minor adverse impact by Local Government Authorities | Detrimental inter-governmental relationships. | Ongoing disagreement between Council and State or Federal Government agency(s). | Irreversible damage to government relations. Mayor, CEO and / or Elected Member(s) forced to resign. |
| Financial & Business Sustainability | Financial impact or loss of less than $10k.<br>Departmental budget variation with no impact on business bottom line and manageable immediately | Financial loss or impact between $10 to $500k<br>Variation with negotiable impact on business bottom line & absorbed in current financial year.<br>Minor damage to infrastructure / property impacting use. (< 24 hrs.) | Financial loss or impact between $500k to $3M or 2.5% of rate revenue.<br>Variation impacts beyond current financial year but manageable within next financial year.<br>Moderate damage to infrastructure impacting use. (24 - 48 hrs.) | Financial loss or impact between $3M to $6M or 5% of rate revenue.<br>Variation impacts beyond current financial year but manageable within 2 - 3 financial years.<br>Significant damage to infrastructure impacting use (> 48 hrs.) | Financial loss or impact greater than >$6M or >5% of rate revenue.<br>Impact on budget with recovery over proceeding 3 or more financial years.<br>Serious damage to infrastructure. |
| Environment | No "Nuisance" category under the SA environmental Protection Act.<br>Short term effect which interferes with or is likely to interfere with the enjoyment of the area by persons.<br>Immediately reversible. | "Environmental Nuisance" category under the SA environmental Protection Act<br>Short term (< 1wk) effect or impact on a few species / ecosystem parts. (Reversible).<br>Minor remediation. | "Material" category under the SA environmental Protection Act<br>Involves actual or potential harm to health or safety of human beings, species or ecosystems that is not trivial, but is not wide scale.<br>Moderate remediation. | "Serious" category under the SA environmental Protection Act<br>Involves actual or potential harm to the health or safety of human beings, species or ecosystems that is of a high impact or on a wide scale.<br>Major remediation.<br>EPA fine or penalties have been applied. | "Serious" category under the SA Environmental Protection Act<br>Long term impact affecting community lifestyle.<br>Severe loss of environmental amenity - irrecoverable environmental damage.<br>Widespread impact on habitat and/or animal populations.<br>Court proceedings |
| Compliance & Legal | Breaches of a technical nature that do not expose the Council to legal action & can be managed through routine activities. | Minor legal, compliance, policy failure - resolved without penalty.<br>Minor liability exposure. | A legal, regulatory, or internal policy failure.<br>Breach of regulation with penalty or fine.<br>Litigation / Court proceedings up to $1M | Breach of legislation with formal investigation or report to authority with prosecution and/or fines and penalties<br>Investigation by external agencies with negative findings and/or court proceedings<br>Litigation / Court proceeding up to $3M | Mismanagement, criminal negligence, wilful or reckless breach of legislation, including major penalties or fines.<br>Investigation by regulatory bodies.<br>Litigation / Court proceedings over $3M |
| Service Delivery | Negligible Interruption to a service only further remedial action and with minimal impact on customers.<br>Project budget or time impact <5%<br>No disruption to community facilities availability. No loss of records or access to ICT systems. | Minor interruption to a service requiring further remedial action, with moderate impact on customers for up to 24 hrs.<br>Project budget or time impact 5-10%<br>Minor disruption to community facilities availability of up to 24hrs<br>Restricted access to Council records, ICT systems for 24-48hrs | Moderate interruption to core business function or essential service with significant customer impact for 24-72 hrs.<br>Project budget or time impact 10-15%<br>Moderate disruption to community facilities availability for 48hrs-1wk<br>Restricted access to records, ICT systems for > 48hrs | Significant interruption to core business function or essential services for 3 - 7 days.<br>Project budget or time impact 15-25%<br>Significant disruption to community facilities affecting community groups and/or neighbourhood services 1-4wks | Serious interruption to core business function or essential service for more than 7 days.<br>Project budget or time impact >25%<br>Significant disruption to community groups and/or neighbourhood services >4wks<br>Consideration to implement the (CMA) Crisis Management Arrangements. |

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# Appendix H

# Disclaimers

# Disclaimers

**Inherent Limitations**

This report has been prepared as outlined in the Scope Section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

Due to the inherent limitations of any internal control structure, it is possible that fraud, error or non-compliance with laws and regulations may occur and not be detected. Further, the internal control structure, within which the control procedures that have been subject to the procedures we performed operate, has not been reviewed in its entirety and, therefore, no opinion or view is expressed as to its effectiveness of the greater internal control structure. The procedures performed were not designed to detect all weaknesses in control procedures as they are not performed continuously throughout the period and the tests performed on the control procedures are on sample basis. Any projection of the evaluation of control procedures to future periods is subject to the risk that the procedures may become inadequate because of changes in conditions, or that the degree of compliance with them may deteriorate.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the City of Onkaparinga's (CoO's) management and personnel consulted as part of the process.

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KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

KPMG is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form.

The findings in this report have been formed on the above basis.

**Reference to 'Review' and 'Audit'**

Reference to 'Review' and 'Audit' throughout this report has not been used in the context of a review in accordance with assurance and other standards issued by the Australian Auditing and Assurance Standards Board.

**Third Party Reliance**

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## 7.2 QUARTERLY FINANCE REPORT INCLUDING BUDGET REVIEW 4

| Report contact | Meeting |
|---|---|
| Belinda Button, Manager Financial Services | Audit and Risk Committee |
| **Manager** | |
| Belinda Button, Manager Financial Services | |
| **Director** | **Date** |
| Jade Bird, Director Corporate and Commercial | 27 August 2026 |

### 1. Purpose

This report provides analysis of council's draft actual financial position to 30 June 2026 compared to the budget as at Budget Review 3. The report also details information regarding the capital and operating projects proposed to be carried-forward and incorporated into the 2026-27 budget for Council's approval.

### 2. Recommendations

**That the Audit and Risk Committee:**

1. **Note and provides the following feedback on the Quarterly Financial Update including Budget Review 4 and the carry forwards report:**

   **[.....]**

### 3. Executive summary

This report and attachment 1 provides analysis of the draft actual financial position compared to the budget approved at Budget Review 3.

At the time of writing this report, preparations were underway for the year end external audit of financial statements. Should adjustments be identified through the process, this may change the final year-end position and balance sheet which will be presented to the Audit and Risk Committee in October 2026, and to Council in November 2026.

This report also provides information regarding Budget Review 4 adjustments for Council approval, and the capital and operating projects proposed to be carried-forward and incorporated into the 2026-27 budget.

This report is provided to the Audit & Risk Committee for discussion prior to being presented to Council on 15 September 2026.

## 4. Background

| | |
|---|---|
| Policy and/or relevant legislation | The *Local Government (Financial Management) Regulations 2026* (the Regulations) specify the number and timing of budget reviews that must be considered by Council following adoption of the budget. |
| Who did we talk to/who will we be talking to | We worked with the Community, Elected Members and Administration to prepare the 2025-26 Annual Business plan and Budget, adopted by Council at its meeting 1 July 2026 meeting.<br>Project budgets carried-forward from 2024-25 into 2025-26 were approved by Council at its meeting 16 September 2025. The approved budget reflecting Budget Review 1 movements was approved by Council at its meeting 11 November 2025, Budget Review 2 movements were approved by Council at its meeting on 17 February 2026 and Budget Review 3 movements approved by Council at its meeting on 19 May 2026.<br>Ongoing monitoring of actuals and forecasts are done in consultation with the business, budget holders and Directors. |

## 5. Discussion

At its meeting on 1 July 2025 Council adopted the 2025-26 Budget, and in accordance with the Regulations, resolved that:

*The budget will be reviewed four times during the financial year for the periods ended:*

- *30 September 2025*
- *31 December 2025*
- *31 March 2026*
- *30 June 2026 (as part of our year-end financial processes).*

At its meeting on 16 September 2025, Council approved the 2024-25 carry forwards to be incorporated into the 2025-26 budget.

As this report is for the period ending 30 June 2026, the focus will be on the draft year-end position, and the capital and operating projects proposed to be carried-forward based on a review of actuals against budget.

At the time of writing this report, preparations were underway for the year end external audit of financial statements. Should adjustments be identified through this process, this may change the final year-end position and balance sheet which will be presented to the Audit and Risk Committee in October 2026, and to Council in November 2026.

The draft year end operating position is a surplus of $7.09 million, which is $5.08 million favourable compared to the approved budget at Budget Review 3. The major reason for the favourable movement when compared to the operating budget is the timing of Financial Assistance Grants which has impacted on all South Australian councils.

Over the course of the financial year, quarterly instalments were received, representing the 50% remaining balance of the 2025-26 allocation (50% had been received in June 2025 and reported in the 2024-25 financial statements). In addition, 80% of the 2026-27 allocation was brought forward and received in June 2026. This has resulted in 130% of the annual allocation being recognised in 2025-26.

The approved allocation for 2025-26 as per the funding body was $9.89 million however as the timing of these payments has been inconsistent over the past several years, the budget was held at 70% of the annual allocation. It should be noted that the remaining 50% of the 2025-26

allocation was received between July – May, resulting in an unfavourable variance in Quarters 1 – 3.

The table below highlights the favourable variance compared to both the 2025-26 annual allocation as per the funding body and the 2025-26 budgeted amount.

| | Amount Received | Annual Allocation | Variance | Budget Allocation | Variance |
|---|---|---|---|---|---|
| *Quarter 1* | | | | | |
| 2025-26 allocation | 1,243,615 | 2,473,187 | (1,229,572) | 1,762,746 | (519,131) |
| 2026-27 allocation | 0 | 0 | 0 | 0 | 0 |
| *Quarter 2* | | | | | |
| 2025-26 allocation | 1,243,615 | 2,473,187 | (1,229,572) | 1,762,746 | (519,131) |
| 2026-27 allocation | 0 | 0 | 0 | 0 | 0 |
| *Quarter 3* | | | | | |
| 2025-26 allocation | 1,243,615 | 2,473,187 | (1,229,572) | 1,762,746 | (519,131) |
| 2026-27 allocation | 0 | 0 | 0 | 0 | 0 |
| *Quarter 4* | | | | | |
| 2025-26 allocation | 1,243,614 | 2,473,187 | (1,229,573) | 1,762,746 | (519,132) |
| 2026-27 allocation | 7,769,811 | 0 | 7,769,811 | 0 | 7,769,811 |
| TOTAL | **12,744,270** | **9,892,749** | **2,851,521** | **7,050,984** | **5,693,286** |

To minimise fluctuations in reported year-end financial results caused by the timing of financial assistance grant payments, it is recommended that Council, in conjunction with the local government sector, continue advocating for a consistent payment schedule, including the percentage that may be paid in advance of a future financial year.

If the variance between the annual Financial Assistance Grant allocation and the actual funds received is excluded, the year-end surplus would be approximately $2.28 million higher than the approved budget, noting the share in SRWRA joint venture is yet to be recognised.

A summary of all key items contributing to the favourable movement are detailed in the table below:

| Item | Variance to Approved Budget *($,000)* | Explanation |
|---|---|---|
| Statutory Charges | 670 | While many of the budget items were re-forecast throughout the year, a number still exceeded revenue expectations including:<br>• Planning and development fees $0.38m<br>• Infringements $0.15m<br>• Building compliance and inspections $0.14m |
| User Charges | 729 | As with statutory charges, many of the budget items were re-forecast throughout the year however a number still exceeded revenue expectations including:<br>• Visitor Information Centre $0.17m<br>• Willunga Golf Course $0.21m<br>In addition, the revenue received for the school vaccination treatment was reclassified from grant income to user charges to align to the funding agreement and Australian Accounting Standards. The resulted in a favourable result of $0.29m in user |

| Item | Variance to Approved Budget *($,000)* | Explanation |
|---|---|---|
| | | charges, offset by a corresponding unfavourable variance in grants, subsidies and contributions (operating). |
| Grants, Subsidies & Contributions (Renewal) | (1,781) | Throughout the year, projects which may be at risk of carry forward are identified and the budget is removed. As at Budget Review 3, a total of $2.25m in grants was identified to be carried forward. At year and as presented in this report, the proposed grant carry forwards increased to $3.5m resulting in an unfavourable variance.<br>In addition, income of the Hopgood Theatre upgrade had been budgeted in 2025-26 however was recognised in 2024-25, resulting in an unfavourable variance. This is considered to be a timing of income recognition variance only. |
| Grants, Subsidies & Contributions (Operating) | 7,232 | As detailed earlier in this report, the favourable variance primarily relates to the brought forward payment of the 2026-27 Financial Assistance Grants $5.69m.<br>In addition, grant funding was received for the Alternative Water Supply Efficiency Measures Program (AWSEM) which has been budgeted for 2026-27 however recognition of $1.1m occurred in 2025-26 in line with expenditure.<br>Further, the CWMS had a favourable variance of $0.26m for new network connections. |
| Reimbursements | 476 | As with a number of the other revenue categories, many of the budget items were re-forecast throughout the year, however a number still exceeded revenue expectations including:<br>• Reimbursement of staff salaries for Community Centres $0.17m<br>• Property charges $0.12m<br>• Reimbursement of operating costs at sites shared with the Department of Education $0.08m<br>• Compliance (civil penalties for tree damage, unlawful demolition, forced property clean ups) $0.07m<br>• Diesel Fuel Rebate $0.04m |
| Other income | 329 | • Reduction to doubtful debt provision $0.1m<br>• Insurance claims received $0.1m<br>• Tree removal $0.07m<br>• Impounding fees $0.02m |
| Materials, contracts & other expenditure | -1,812 | Throughout the year, a comprehensive review of costs recorded in the Work in Progress (WIP) account was undertaken to ensure compliance with capitalisation requirements. As a result of this review, $3.2 million in expenditure was identified for expensing, as it either did not meet, or no longer met, the criteria for capitalisation. A significant proportion of these costs related to ICT projects.<br>In addition, the expenditure for the AWSEM project ($1.1m) was recognised, however as detailed above is directly offset with grant income.<br>If these two items are excluded, materials, contracts and other expenditure would have recorded a favourable variance of $2.5 million. This outcome reflects a range of factors, including prudent expenditure management to support the delivery of other priorities, as well as projects proposed to be carried forward, including:<br>• Urban Creek Recovery projects $1.26m<br>• ICT projects $0.765m |
| Depreciation | 1,225 | While variances occurred across all asset categories the most significant favourable variance related to the Plant and Fleet |

| Item | Variance to Approved Budget *($,000)* | Explanation |
|---|---|---|
| | | category ($1.71m) due to the number of items that were capitalised with large residual values (thereby decreasing the depreciation expense), offset by the recognition of right of use assets (further details contained below) ($0.713m). |
| Finance Costs | 958 | The increased level of income received and budget underspends throughout the year has kept borrowings lower than forecast and thereby reducing interest expenses for the year. |

### Other Adjustments

In addition to the items identified above, which contributed to the favourable end of year operating position, the following adjustments are also of note.

- Reconciliation of Employee Leave Provisions
    - Leave provisions are accrued on a fortnightly basis in line with the payroll cycle, with provisions reconciled annually for reporting in the general purpose financial statements. Leave provisions are calculated based on 30 June balances and are escalated to reflect the actual rate expected to be payable at the time leave is taken. Completion of this reconciliation as at 30 June 2026 saw the need to increase the provisions by a total of $1.2m, generally due to the impact of salary increases and future inflation.
- Recognition of Right of Use Assets
    - Australian accounting standards require most leases to be recognised on the balance sheet as a right of use asset with a corresponding lease liability. Council has several leases for which they are a lessee, including the Aldinga Library and Youth Centre, Noarlunga Library and Noarlunga TAFE (part) which fall within this category. Annual lease costs are budgeted as an expense item however at year end the lease asset and liability is calculated and measured at fair value. The impact of this adjustment sees the removal the operating costs from the Statement of Comprehensive Income (profit and loss statement) which is partially offset by the creation of a right of use asset depreciation expense. The value of this adjustment as at 30 June was $0.713m.

Renewal projects recorded a net favourable variance of $4.22 million against the approved budget, largely due to the increase in project budgets proposed to be carried forward to 2026-27. New and significant upgrade projects, including major projects, reported a net unfavourable variance of $0.9 million, primarily attributable to lower than anticipated proceeds from asset sales.

While net proceeds of $8.2 million were budgeted for strategic land sales, net proceeds of $5.84 million were received. This variance is considered timing related, due to a property settlement delayed until the first quarter of 2026-27. Further analysis of these results is provided in Attachment 1.

Attachment 2 provides the forecast year-end financial statements. These statements have been prepared on the same basis as the audited General Purpose Financial Statements. Due to this there are some minor movements between classifications.

Of note, the year-end borrowings were lower than forecast at Budget Review 3, for a total of $94 million. This is primarily due to the receipt of the brought forward payment of the Financial Assistance Grants in June 2026 and increased revenue from other income sources. This result will have a favourable impact on the 2026-27 operating position as interest costs have been budgeted at an opening borrowings position of $109 million as forecast at Budget Review 3.

Asset Rationalisation

Council has set a target of raising $3 million per year for each year of the Long Term Financial Plan through the sale of surplus assets. In 2025 council restructured its internal resources to place a stronger focus on asset rationalisation. This has resulted in net proceeds totalling $5.84 million from the sale of surplus assets, exceeding the LTFP target by $2.84 million.

As detailed above, the forecast $8.2 million was not received in full as at 30 June 2026 due to a delayed property settlement, expected to occur in the first quarter of 2026-27.

Proceeds of sale in excess of the $3 million LTFP target has been redirected to a Future Investment Reserve, to be used for strategic investment opportunities that support Council's long term financial sustainability.

Budget Review 4

As reported throughout the year, through the course of delivering Council's annual capital works program, from time to time projects are delivered under budget and/or project budget contingency allowances are not fully spent. These budget underspends are often required to meet other project pressures in Council's approved capital works program. Where required, this unused budget has been included as a Budget Review 4 adjustment to allow for carry forwards, identified below.

A summary of key Budget Review 4 adjustments is detailed below:

| Budget Adjustment Type | Amount |
|---|---|
| Consolidation of capital project underspends to cost escalation contingency | 2,953,640 |
| Reallocation of overheads to completed capital projects | 1,575,457 |
| Consolidation of operating project underspends to technology improvement initiatives | 418,000 |
| Reallocation of corporate interest costs to completed capital projects | 264,664 |
| Grants and contributions received | 191,708 |
| Consolidation of project budgets to deliver as single project | 82,803 |
| Recognition of deemed interest for external funding received | 65,318 |

Carry Forwards

Attachment 3 presents the list of operating and capital projects with status and comments that are proposed to be carried forward into 2026-27, which totals $17.86 million (net). These can be summarised as follows:

| | Gross Expenditure | Income | Net Expenditure |
|---|---|---|---|
| External Funding Timing | 74,700 | 0 | 74,700 |
| Construction Delays | 1,506,132 | (510,203) | 995,929 |
| Awaiting Approvals | 5,736,142 | (2,878,158) | 2,857,984 |
| Internal Funding Gap | 3,371,640 | 0 | 3,371,640 |
| Planned Multi-Year Project | 15,903,936 | (5,345,839) | 10,558,097 |
| | **26,592,550** | **(8,734,200)** | **17,858,350** |

| | | | |
|---|---|---|---|
| *Split into the following categories* | | | |
| *Operating* | *2,637,132* | *(1,277,738)* | *1,359,394* |
| *New/Significant Upgrade* | *8,014,282* | *(3,034,166)* | *4,980,116* |
| *Renewal* | *15,941,136* | *(4,422,296)* | *11,518,840* |
| | ***26,592,550*** | ***(8,734,200)*** | ***17,858,350*** |

### External Funding Opportunities

The Cemetery Review and Code Amendment project is associated with State Government grant funding. The procurement process is currently underway with the project expected to be completed by March 2027.

### Construction Delays

Construction activities on several road reconstruction and drainage projects were significantly impacted by adverse weather conditions during the latter part of the financial year. As a result, project completions have been deferred, with all projects expected to be finalised within the first half of the 2026-27 financial year. These affected projects include:

- Windemere Court, Woodcroft
- Collins Parade Road reconstruction, Hackham
- Alice and Carol Crescent Road Reconstruction
- Pedler Creek GPT installation, McLaren Vale

A significant proportion of the proposed carry forward relates to asphalt works that could not be completed as scheduled in June due to adverse weather impacts. These costs account for approximately 69% of the increase in proposed carry forwards due to 'construction delays' since Budget Review 3.

Several ICT projects also experienced delays due to hardware supply and availability constraints, including:

- Audio Visual Equipment Upgrade for the Council Chamber
- WIFI upgrade, Field Operations Centre

Delivery of several public artwork projects, including Public Art Aunty Georgina Williams and Kaurna Women and Tiller Drive Shared Use Path – Kaurna Story Telling Artwork were delayed due to extended contract negotiations, to ensure appropriate protections and arrangements were in place for the artists involved.

### Awaiting Approvals

Projects within this category have experienced delays due to a range of factors, including ongoing negotiations with private and public landowners. As a result, project completion dates have not yet been finalised. Projects affected include:

- Port Willunga North Coast Park
- Port Noarlunga Jetty – Maintenance Works Phase 1

The Port Noarlunga Jetty – Maintenance works Phase 1 works are awaiting the outcome of lease negotiations with the Department of Infrastructure and Transport.

The timing of the five-year review of the Onkaparinga Local Area Plan has been impacted by changes to the State Government's Local Area Plan Program. In response, the City of

Onkaparinga has prioritised the development of an Employment Lands Study/Strategy to address emerging land supply constraints. This work will also play a key role in supporting the Coordinator General's development of the Employment Lands Roadmap for Greater Adelaide. The review of the Onkaparinga Local Area Plan is currently anticipated to be completed by December.

### Internal Funding Gap

On occasions, project delivery results in approved budgets not being fully expended. This can be for a variety of reasons including more efficient design or construction outcomes, favourable procurement outcomes, contingency funds not being required or more external funding being secured than budgeted. A portion of this funding has been moved to a centralised 'Contingency for Cost Escalation' capital budget line.

Due to the ongoing volatility in global fuel markets and the resulting cost pressures on construction, transport and plant operations, it is prudent to consolidate and carry forward unspent capital funds to future financial years. Retaining these funds ensures that Council can continue to deliver approved capital projects, while maintaining financial flexibility to respond to escalating project costs and supply chain challenges.

In addition, unspent operating project budgets have been consolidated into a centralised 'Technology Improvement Initiatives 'budget to provide a coordinated approach to funding critical digital and technology projects across Council. Carrying forward these unspent funds will enable continued investment in strategic initiatives that enhance service delivery, streamline business processes, strengthen data management and cybersecurity capabilities, and improve system integration. This approach ensures that sufficient resources are available to deliver these projects, maximise the benefits of previous investments, and support the OneCouncil vision through more efficient, consistent and customer-focused operations.

### Planned Multi-Year Project

There are a range of factors contributing to projects and expenditure extending across multiple financial years, including supply chain constraints affecting plant and fleet procurement, statutory and regulatory requirements that influence the scope and location of works, and the need to align project delivery with external funding agreement requirements.

The Noarlunga Aquatic Centre Refurbishment project is a significant contributor to the proposed carry forwards, increasing by $4.4 million since Budget Review 3. This movement reflects the timing of expenditure and funding recognition, as well as approved scope changes that have extended the project's delivery timeframe. As the project was planned to continue into 2026-27, the revised delivery schedule has increased the value of budget required to be carried forward.

Norman Road reconstruction was deferred to allow SA Water to complete water main replacement works prior to Council reconstructing the road. These SA Water works commenced in February 2026 and are now complete. To ensure efficient delivery, both Stage 1 and Stage 2 of Norman Road reconstruction will now be completed together in 2026-27.

The introduction of truck emission standards in Australia has impacted both supply and pricing as manufacturers transition to updated, lower-emission models. These newer vehicles carry a significant price increase, while ongoing manufacturing delays, quarantine requirements and labour shortages continue to affect availability across the sector. Manufacturers no longer maintain stock holdings for immediate delivery, resulting in extended lead times that are expected to continue into the future.

Technological advancements and increasing complexity of plant and equipment have also significantly increased the workload associated with procurement and asset management

programs. To support these growing demands, Council is currently trialling an additional resource to assist with procurement activities during 2026-27.

In addition, some projects are driven by legislative or approval requirements that require works to be undertaken in specific locations or under particular conditions. For example, native vegetation offset obligations may require expenditure to be directed towards designated offset sites, influencing project planning and delivery. Project timing can also be affected by the need to align expenditure with the milestones and delivery schedules prescribed under external funding agreements.

## 6. Financial implications

This report provides an update on Council's draft year-end position (before audit). The draft year-end operating position is a surplus of $7.09 million, which is $5.08 million favourable compared to the budget approved at Budget Review 3. The year-end borrowings were $94 million, which is lower than previous forecasts due to the brought forward payment of Financial Assistance Grants which was received in June 2026 and the higher than budgeted revenue from across a range of sources, including fees and charges, statutory charges and reimbursements and receipt of revenue received in advance.

There is $16.5 million of capital projects and $1.4 million of operating projects (net expenditure) that are proposed for carrying forward into 2026-27. Once approved by Council, the financial impact of these projects on the 2026-27 budget will be reflected in the Budget Review 1 report.

## 7. Risk and opportunity management

| **Risk** | |
|---|---|
| **Identify** | **Mitigation** |
| Financial/business sustainability | The financial implications of recommendations to Directors Group, Council or any of Council's sub committees are outlined in each report considered by these bodies.<br><br>In addition, the financial planning and budgetary process and quarterly budget reviews provide financial analysis for consideration by Council to ensure financial resources are effectively managed in the short, medium and long term to achieve financial sustainability. |
| Compliance/legal | Future quarterly financial update reports including budget reviews are scheduled for Council consideration in accordance with Section 9, Review of Budgets, of the *Local Government (Financial Management) Regulations 2026*. |

| **Opportunity** | |
|---|---|
| **Identify** | **Maximising the opportunity** |
| Reputation/community expectation | Opportunity to review the draft 2025-26 actual to budget results and projects proposed for carry-forward so that informed decisions can be made that will impact future financial results. |

## 8. Timelines and deadlines

The first quarterly financial update for 2026-27 will include Budget Review 1 and incorporate approved carry-forwards. This report will be presented to ARC and Council at their respective meetings in November 2026.

## 9. Attachments

Attachment 1 – Quarterly Financial Update as at 30 June 2026 (18 pages)

Attachment 2 – Draft Actual Financial Statements (9 pages)

Attachment 3 – Proposed Operating and Capital Carry Forwards (4 pages)

- END OF REPORT –

CITY OF ONKAPARINGA

# Financial Services

## Quarterly Financial Update

As at 30 June 2026

**Belinda Button**
Manager, Financial Services

# TABLE OF CONTENTS


| | |
|---|---|
| EXECUTIVE SUMMARY | 3 |
| INTRODUCTION | 5 |
| DRAFT ACTUAL VS APPROVED BUDGET AS AT 30 JUNE 2026 | 6 |
| BUDGET REVIEW 4 ADJUSTMENTS | 12 |
| CWMS | 13 |
| ASSET RATIONALISATION | 14 |
| WORKFORCE COMPOSITION | 14 |
| BORROWINGS AND TREASURY MANAGEMENT | 15 |
| BUDGET IMPLICATIONS 2026-27 | 16 |
| LONG TERM FINANCIAL PLAN | 17 |
| SIGNIFICANT FINANCIAL RISKS | 18 |

## EXECUTIVE SUMMARY

**Actual Year to Date Performance** – The actual draft operating position as at 30 June 2026 is a surplus of $7.09 million, which is $5.08 million favourable compared to the budget as at Budget Review 3 (BR3).

At the time of writing this report, preparations were underway for the year end external audit of financial statements. Should adjustments be identified through this process, this may change the final year-end position and balance sheet which will be presented to the Audit and Risk Committee in October 2026, and to Council in November 2026.

In addition, any external audit adjustments may also impact on the year-end position presented in this attachment.

The draft actual to the BR3 budget variances for the year ending 30 June 2026 include the following key items, which are discussed more fully in the tables below:

- Significant year-end adjustments and variances
- Timing of Financial Assistance Grant payments
    - Over the course of the financial year, quarterly instalments were received, representing the 50% remaining balance of the 2025-26 allocation. In addition, 80% of the 2026-27 allocation was brought forward and received in June 2026. This has resulted in 130% of the annual allocation being recognised in 2025-26.
    - The approved allocation for 2025-26 as per the funding body was $9.89 million however as the timing of these payments has been inconsistent over the past several years, the budgeted allocation was held at 70%.
    - To minimise fluctuations in reported year-end financial results caused by the timing of financial assistance grant payments, it is recommended that Council, in conjunction with the local government sector, continue advocating for a consistent payment schedule, including the percentage that may be paid in advance of a future financial year.
    - The favourable impacts to the 2025-26 financials will be experienced by all South Australian councils.
- Reconciliation of Employee Leave Provisions
    - Leave provisions are accrued on a fortnightly basis in line with the payroll cycle, with provisions reconciled annually for reporting in the general purpose financial statements. Leave provisions are calculated based on 30 June balances and are escalated to reflect the actual rate expected to be payable at the time leave is taken. Completion of this reconciliation as at 30 June 2026 saw the need to increase the provisions by a total of $1.2 million, primarily due to the impact of salary increases and future inflation.
- Recognition of Right of Use Assets
    - Australian accounting standards require most leases to be recognised on the balance sheet as a right of use asset with a corresponding lease liability. Council has several leases for which they are a lessee, including the Aldinga Library and Youth Centre, Noarlunga Library and Noarlunga TAFE (part) which fall within this category. Annual lease costs are budgeted as an expense item however at year end the lease asset and liability is calculated and measured at fair value. The impact of this adjustment sees the removal the operating costs from the Statement of Comprehensive Income (profit and loss statement) which is partially offset by the creation of a right of use

asset depreciation expense. The value of this adjustment as at 30 June was $0.713 million.

- Depreciation favourable variance of $1.23 million, primarily due to the implementation of residual values on plant and fleet assets.
- Proceeds from the sale of assets recorded an unfavourable variance of $3.1 million due to the timing of a property settlement, now expected to occur in the first quarter of 2026-27. However, it should be noted the net proceeds received from the sale of surplus assets exceeded the $3 million LTFP target by $2.4 million.
- Net renewal project expenditure underspend of $4.22 million which relates to the renewal portion of capital projects that were not completed in 2025-26 in addition to projects that were completed within budget.
- Net new and significant upgrade project expenditure overspend of $0.9 million which relates to major and other NSU projects that were not completed in 2025-26, offset by the lower than budgeted proceeds received from the sale of surplus assets as identified above.

**Budget Review 4 adjustments –** As reported in Budget Review 3, through the course of delivering Council's annual capital works program, from time-to-time projects are delivered under budget and/or project budget contingency allowances are not fully spent. These budget underspends are often required to meet other project pressures in Council's approved capital works program. Where required, this unused budget has been included in Budget Review 4. A full list of projects being proposed for carry-forward into 2027-28 and the reasons for this is included in Attachment 3 to this report.

# INTRODUCTION

This document provides an overview of the following:

**Actual performance – compared to BR3** – analysis of our draft actual financial performance to 30 June 2026 compared to the budget at BR3.

**Budget review 4 adjustments** – budget adjustments required to facilitate year end processes relating to capital, particularly carry forward requests.

**CWMS** – analysis of draft actual financial performance to 30 June 2026 compared to the budget at BR3.

Information is provided as follows:

**Financial statements** - Attachment 2 includes a set of draft actual financial statements

**Operating and Capital Carry Forwards** – Attachment 3 includes a list of proposed operating and capital projects that are proposed to be carried forward to 2026-27.

# DRAFT ACTUAL VS APPROVED BUDGET AS AT 30 JUNE 2026

Table 1 below presents the analysis of draft actual performance to 30 June 2026 against the **budget at BR3** for the same period.

Significant variances, greater than +/-$50,000 and +/-5 per cent, are detailed below.

## TABLE 1: OPERATING POSITION AND CAPITAL EXPENDITURE SUMMARY (INCORPORATING DEBT AND RESERVE TRANSFERS)

### DRAFT ACTUAL VS APPROVED BUDGET (BUDGET REVIEW 3) AT 30 JUNE 2026

| | YTD | | | | | |
|---|---|---|---|---|---|---|
| $'000 | Actual | YTD (BR 3) | Variance Fav/(Unfav) | Variance % | Note | Approved Budget (BR 3) |
| **Operating Activities** | | | | | | |
| **Income** | | | | | | |
| Rates revenue | 184,801 | 184,459 | 343 | 0.2% | | 184,459 |
| Statutory charges | 5,977 | 5,308 | 670 | 12.6% | 1 | 5,308 |
| User charges | 13,651 | 12,923 | 729 | 5.6% | 2 | 12,923 |
| Grants, subsidies and contributions - capital renewal | 5,026 | 6,807 | (1,781) | -26.2% | 3 | 6,807 |
| Grants, subsidies and contributions - operating | 24,706 | 17,474 | 7,232 | 41.4% | 4 | 17,474 |
| Investment income | 113 | 98 | 15 | 15.2% | | 98 |
| Reimbursements | 1,312 | 836 | 476 | 57.0% | 5 | 836 |
| Other income | 3,860 | 3,501 | 359 | 10.3% | 6 | 3,501 |
| Share of operating profit from equity accounted investees | 0 | 777 | (777) | -100.0% | 7 | 777 |
| **Total Income** | **239,447** | **232,181** | **7,265** | **3.1%** | | **232,181** |
| **Expenditure** | | | | | | |
| Employee costs | 94,248 | 91,694 | (2,554) | -2.8% | 8 | 91,694 |
| Materials, contracts and other expenses | 85,803 | 83,990 | (1,812) | -2.2% | 9 | 83,990 |
| Depreciation and amortisation | 46,294 | 47,519 | 1,225 | 2.6% | 10 | 47,519 |
| Finance costs | 6,008 | 6,966 | 959 | 13.8% | 11 | 6,966 |
| **Total Expenditure** | **232,352** | **230,170** | **(2,183)** | **-0.9%** | | **230,170** |
| **Operating surplus/(deficit)** | **7,094** | **2,012** | **5,082** | **252.6%** | | **2,012** |

| $'000 | Actual | YTD (BR 3) | Variance Fav/(Unfav) | Variance % | Note | Approved Budget (BR 3) |
|---|---|---|---|---|---|---|
| **Capital Projects** | | | | | | |
| **Renewal** | | | | | | |
| Project expenses | 38,140 | 48,173 | 10,033 | 20.8% | 12 | 48,173 |
| **Less:** | | | | | | |
| Grants, subsidies, contributions and disposals | 6,115 | 9,274 | (3,159) | -34.1% | 13 | 9,274 |
| **Add Non Cash Movement:** | | | | | | |
| Cost of asset sold | 2,652 | 0 | (2,652) | 0 | | 0 |
| **Net Renewal Expense** | **34,676** | **38,899** | **4,223** | **10.9%** | | **38,899** |
| **New and Significant Upgrades** | | | | | | |
| Project expenses | 10,519 | 12,712 | 2,193 | 17.3% | 14 | 12,712 |
| **Less:** | | | | | | |
| Grants, subsidies & contributions and Developer contributions | 3,090 | 3,083 | 7 | 0.2% | | 3,083 |
| Proceeds from sale of assets | 5,396 | 8,500 | (3,104) | -36.5% | 15 | 8,500 |
| **Net New and Significant Upgrade Expense** | **2,034** | **1,129** | **(905)** | **-80.2%** | | **1,129** |
| **Net Capital Project Expense** | **36,710** | **40,028** | **3,318** | **8.29%** | | **40,028** |

| $'000 | Actual | YTD (BR 3) | Variance Fav/(Unfav) | Variance % | Note | Approved Budget (BR 3) |
|---|---|---|---|---|---|---|
| Other | | | | | | |
| **Loans** | | | | | | |
| Loan drawdowns | (14,570) | 9,810 | 24,380 | 248.5% | 16 | 9,810 |
| **Less:** | | | | | | |
| Loan principal repayments | (5,272) | (5,272) | (0) | 0.0% | | (5,272) |
| **Net Loan Movement** | **(19,842)** | **4,538** | **24,380** | **537%** | | **4,538** |
| **Reserves** | | | | | | |
| Transfer from Reserves | 4 | 3,700 | (3,696) | -99.9% | 17 | 3,700 |
| **Less:** | | | | | | |
| Transfer to Reserves | (6,738) | (10,176) | 3,438 | -33.8% | 18 | (10,176) |
| **Net Reserve Movement** | **(6,735)** | **(6,476)** | **(258)** | **3.99%** | | **(6,476)** |

## SIGNIFICANT VARIANCES: DRAFT ACTUAL VS BUDGET AT BUDGET REVIEW 3 (30 JUNE 2026)

| Note | Description | Variance $'000 | Variance % | Comment |
|---|---|---|---|---|
| **Operating Activities** | | | | |
| 1 | Statutory charges | 670 | 12.6% | Favourable variance primarily relating to animal fines and impounding, Development Act, building and compliance fees exceeding expectation. |
| 2 | User Charges | 729 | 5.6% | Favourable variance for Visitor Information Centre services and Willunga Golf Course (memberships, cart hire and catering). In addition, revenue received from the school immunisation program was reclassified from grant income to user charges to align with the funding agreement and Australian Accounting Standards. |
| 3 | Grants, subsidies and contributions – capital renewal | (1,781) | -26.2% | Unfavourable variance due to the increase in value of projects which were incomplete at year end and are proposed to be carried forward to 2026-27, including the associated grant funding.<br>In addition, income for Hopgood Theatre upgrade project had been budgeted in 2025-26 however was recognised in 2024-25 resulting in an unfavourable variance. This variance is a timing of income recognition only. |
| 4 | Grants, subsidies and contributions - operating | 7,232 | 41.4% | Favourable variance primarily relates Financial Assistance Grant funding, whereby 130% of the annual allocation was received in 2025-26 (80% of the 2026-27 allocation received in advance, in June 2026).<br>In addition, grant funding for the Alternative Water Supply Efficiency Measures program which was not budgeted for was recognised in line with associated expenditure ($1.1m)<br>Further to this CWMS had a favourable variance of $0.26m due to new network connections. |
| 5 | Reimbursements | 476 | 57.0% | Favourable variance across all divisions with most significant variances relating reimbursement of costs for sites shared with the Department of Education, Community Centre salary reimbursements, diesel fuel rebate and compliance activities. |
| 6 | Other income | 329 | 10.3% | Favourable variance primarily relates to reduction in the doubtful debt provision where revenue has been collected, insurance claims which have been received and an increase in tree removal income. |
| 7 | Share of operating profit from equity accounted investees | (777) | -100% | Share in SRWRA joint venture will be recognised when audited financial statements are completed (non-cash item). |
| 8 | Employee costs | (2,554) | -2.8% | End of year reconciliation of leave provisions saw the need to increase the value by $1.2m, primarily due to the impact of salary increases and future inflation.<br>In addition, employee costs are budgeted at 26 fortnights per year. The first pay period of 2026-27 contained 2 days relating to the 2025-26 financial year which were accrued |

| Note | Description | Variance $'000 | Variance % | Comment |
|---|---|---|---|---|
| **Operating Activities** | | | | |
| | | | | back, resulting in an unfavourable variance of approximately $0.65m.<br>Further, the cost of employees engaged through external labour hire organisations exceeded budget by approximately $0.24m but was for the most part offset by an increase in additional revenue (Golf Course, Tourist Parks) |
| 9 | Materials, contracts and other expenses | (1,812) | -2.2% | Throughout the year, a comprehensive review of costs recorded in the Work in Progress (WIP) account was undertaken to ensure compliance with capitalisation requirements. As a result of this review, $3.2 million in expenditure was identified for expensing, as it either did not meet, or no longer met, the criteria for capitalisation. A significant proportion of these costs related to ICT activities.<br>In addition, the expenditure for the AWSEM project ($1.1m) was recognised, however as detailed in note 4, is directly offset with grant income.<br>If these two items are excluded, materials, contracts and other expenditure would have recorded a favourable variance of $2.5 million. This outcome reflects a range of factors, including prudent expenditure management to support the delivery of other priorities, as well as projects proposed to be carried forward, including:<br>• Urban Creek Recovery projects $1.26m<br>• ICT projects $0.765m |
| 10 | Depreciation and amortisation | 1,225 | 2.6% | While variances occurred across all asset categories the most significant favourable variance related to the Plant and Fleet category ($1.71m) due to the number of items that were capitalised with large residual values (thereby decreasing the depreciation expense), offset by the recognition of right of use assets (further details contained below) ($0.713m). |
| 11 | Finance Costs | 959 | 13.8% | The increased level of income received and budget underspends throughout the year has kept borrowings lower than forecast and thereby reducing interest expenses for the year. |

| Note | Description | Variance $'000 | Variance % | Comment |
|---|---|---|---|---|
| **Capital Projects** | | | | |
| **Renewal** | | | | |
| 12 | Project Expense | 10,033 | 20.8% | Renewal expenditure carry forwards are proposed at $15.9m<br><br>At Budget Review 3, carry forwards of $11.2m were forecast and removed from the budget. If this budget had remained, the variance would have been more than $21m. The end of year variance of $10m therefore represents the additional carry forwards and those projects delivered under budget:<br><br>BR3 carry forwards $11.2m<br>+<br>Additional carry forwards identified at year end $4.7m<br>+<br>Projects delivered within or below approved budgets |
| 13 | Grants, subsidies, contributions and disposals | (3,159) | -34.1% | Unfavourable variance primarily relates to projects which are proposed to be carried forward to 2026-27 including Noarlunga Aquatic Centre and Plant and Fleet Acquisitions. |
| **New and Significant Upgrades** | | | | |
| 14 | Project expenses | 2,193 | 17.3% | NSU expenditure carry forwards are proposed at $8.0m<br><br>At Budget Review 3, carry forwards of $6.7m were forecast and removed from the budget. If this budget had remained, the variance would have been more than $9m. The end of year variance of $2.2m therefore represents additional carry forwards and those projects delivered under budget:<br><br>BR3 carry forwards $6.7m<br>+<br>Additional carry forwards identified at year end $1.3m<br>+<br>Projects delivered within or below approved budgets |
| 15 | Proceeds from sale of assets | (3,104) | -36.5% | Council has set a target of raising $3 million per year for each year of the Long Term Financial Plan through the sale of surplus assets. This has resulted in net proceeds totalling $5.84 million from the sale of surplus assets, exceeding the LTFP target by $2.84 million in 2025-26.<br>At BR3, the forecast revenue was budgeted at $8.5m, however due to a protracted settlement on a parcel of land, settlement did not occur prior to 30 June. While the full $8.5m was not realised in the financial year, settlement is expected to occur in the first quarter of 2026-27 and as such, the unfavourable variance is a timing issue only. |

| Note | Description | Variance $'000 | Variance % | Comment |
|---|---|---|---|---|
| Other | | | | |
| 16 | Loan drawdowns | 24,380 | 248.5% | The level of borrowings reduced by $19.8m over the course of the financial year to a closing balance of $94m. There were several reasons for this including:<br>• Advance payment of 2026-27 Financial Assistance Grants<br>• Increased income from several other revenue streams including user charges, statutory charges and other income<br>• Higher than forecast carry forwards<br>• Increase in revenue received in advance |
| 17 | Transfers from Reserves | (3,696) | -99.9% | Actual year end adjustment is the net movement of reserves throughout the year. Total drawn down from all reserves was $0.004m.<br>The variance therefore represents an improved end of year position for the CWMS, commercial activities, urban tree activities, car parking contribution scheme. |
| 18 | Transfers to Reserves | 3,438 | -33.8% | Actual year end adjustment is the net movement of reserves throughout the year.<br>Unfavourable variance primarily relates to the proceeds from the sale of assets above the $3m LTFP target, budgeted as a reserve transfer of $5.5m however due to the delayed settlement of a parcel of land, the transfer was $3.1m. |

## BUDGET REVIEW 4 ADJUSTMENTS

As reported throughout the year, through the course of delivering Council's annual capital works program, from time to time projects are delivered under budget and/or project budget contingency allowances are not fully spent. These budget underspends are often required to meet other project pressures in Council's approved capital works program. Where required, this unused budget has been included in Budget Review 4 to allow for carry forwards, identified below.

A summary of key Budget Review 4 adjustments is detailed below:

| Budget Adjustment Type | Amount |
|---|---|
| Consolidation of capital project underspends to cost escalation contingency | 2,953,640 |
| Reallocation of overheads to completed capital projects | 1,575,457 |
| Consolidation of operating project underspends to technology improvement initiatives | 418,000 |
| Reallocation of corporate interest costs to completed capital projects | 264,664 |
| Grants and contributions received | 191,708 |
| Consolidation of project budgets to deliver as single project | 82,803 |
| Recognition of deemed interest for external funding received | 65,318 |

These adjustments have been made to the budget to facilitate the request for project budget carry forwards, or for year-end reserve movement calculations.

## CWMS

As requested by the Audit and Risk Committee at its meeting on 6 December 2020, a quarterly review of the CWMS financials will be provided within this report.

| END OF YEAR | | | | | |
|---|---|---|---|---|---|
| $'000 | Actual | YTD Approved Budget | Variance Fav/(Unfav) | Variance % | Approved Budget |
| Operating Activities | | | | | |
| **Income** | | | | | |
| Rates revenue | 6,176,765 | 6,188,182 | (11,417) | -0.2% | 6,188,182 |
| User charges | 0 | 8,880 | (8,880) | -100.0% | 8,880 |
| Grants, subsidies and contributions | 345,695 | 87,609 | 258,086 | 294.6% | 87,609 |
| Other income | 29,003 | 29,000 | 3 | 0.0% | 29,000 |
| **Total Income** | **6,551,463** | **6,313,671** | **237,792** | **3.8%** | **6,313,671** |
| **Expenditure** | | | | | |
| Employee costs | 212,014 | 265,082 | 53,068 | 20.0% | 265,082 |
| Materials, contracts and other expenses | 3,597,917 | 3,709,093 | 111,176 | 3.0% | 3,709,093 |
| Depreciation | 1,363,361 | 1,295,077 | (68,284) | 0.0% | 1,295,077 |
| **Total Expenditure** | **5,173,293** | **5,269,252** | **95,959** | **1.8%** | **5,269,252** |
| **Operating surplus/(deficit)** | **1,378,170** | **1,044,419** | **333,751** | **32.0%** | **1,044,419** |

| $'000 | Actual | YTD Approved Budget | Variance Fav/(Unfav) | Variance % | Approved Budget |
|---|---|---|---|---|---|
| Capital Projects | | | | | |
| **Renewal** | | | | | |
| Project expenses | 361,736 | 536,094 | 174,358 | 32.5% | 536,094 |
| **Net Renewal Expense** | **361,736** | **536,094** | **174,358** | **32.5%** | **536,094** |
| **New and Significant Upgrades** | | | | | |
| Project expenses | 49,500 | 50,000 | 500 | 1.0% | 50,000 |
| **Net New and Significant Upgrade Expense** | **49,500** | **50,000** | **500** | **1.0%** | **50,000** |
| **Net Capital Project Expense** | **411,236** | **586,094** | **174,858** | **29.8%** | **586,094** |

Favourable operating position primarily due to revenue received for 46 new connections which were unbudgeted. Employee costs favourable due to a vacancy within the team and closer management of septic tank pump outs reducing the cost of materials, contracts and other expenses. Many of the capital works projects were delivered under approved budgets, resulting in a favourable end of year position.

## ASSET RATIONALISATION

Council has set a target of raising $3 million per year for the duration of the Long Term Financial Plan through the sale of surplus assets. As at 30 June 2026, net proceeds of $5.84m had been received from the sale of surplus assets, exceeding the LTFP target by $2.84 million. These properties include:

- Hunter Road, Christies Beach
- St Matthew Street, Willunga
- Liguria Crescent, Noarlunga Downs (2 parcels of land)
- Patterson, Walker and Tiffany Streets, Seaford (in accordance with Roads (Opening and Closing) Act 1991)
- Peel Creek Drive, Old Reynella
- 113 Old Willung Hill Road, Willunga (unmade road)
- Mataro Avenue, McLaren Vale

Proceeds of sale of surplus assets in excess of the $3 million LTFP target have been redirected to a Future Investment Reserve, to be used for strategic investment opportunities that support Council's long term financial sustainability as resolved at the Council meeting held 19 May 2026.

## WORKFORCE COMPOSITION

At the Audit and Risk Committee held November 2025 it was requested to provide a summary of the composition of the current workforce, particularly agency and externally funded staff. The total number of budgeted full time equivalent (FTE) staff for 2025-26 was 759.35. FTE includes staff in permanent roles, fixed term contracts (both internally and externally funded), agency personnel, trainees and apprentices.

As at August 2026, the FTE count for agency and externally funded staff comprised:

| Type | Count |
|---|---|
| Agency personnel | 59 |
| Apprentices | 2 |
| Trainees | 13 |
| FTE funded through external revenue sources | 35.08 |

## BORROWINGS AND TREASURY MANAGEMENT

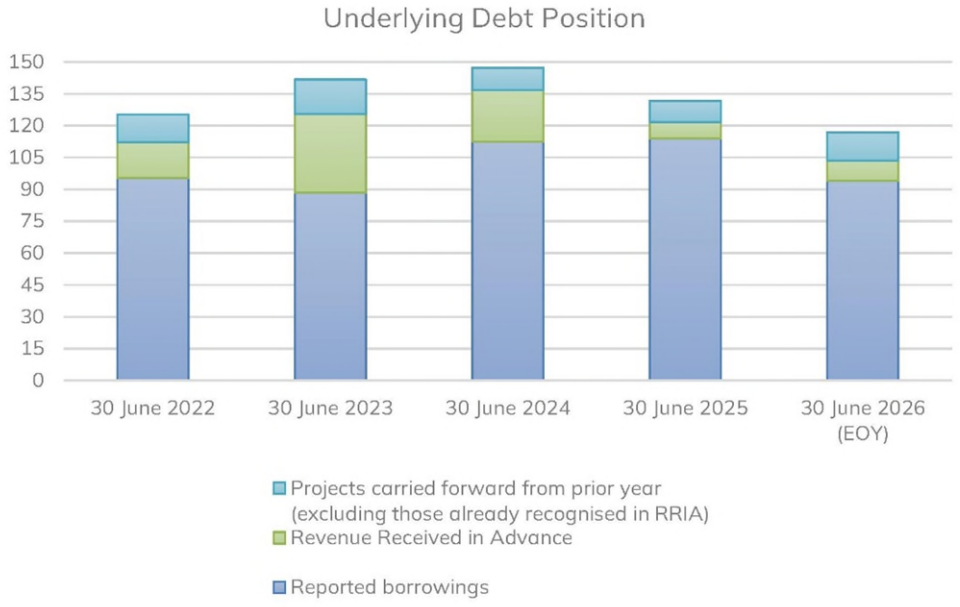
### Borrowings

The receipt of significant grant funding for the delivery of capital work projects during the 2022 Federal and State Government election cycles saw a temporary reduction in overall borrowings. As revenue is recognised in line with delivery of the construction works, it has masked the underlying debt position, that being, the level of borrowings if the revenue had not been received.

Many of the projects funded through election commitments were delivered over multiple years requiring projects to be carried forward which saw the level of borrowings remain lower than forecast for several years. Many of these projects have been completed or nearing completion and revenue received in advance has stabilised and returned to a more regular level.

The table and graphical representation below demonstrate the impact of the revenue received in advance.

| ($'000,000) | **Reported borrowings** | **Revenue Received in Advance** | **Projects carried forward from prior year *(excluding those already recognised in RRIA)*** | **Underlying debt position** |
|---|---|---|---|---|
| 30 June 2022 | 95.4 | 16.9 | 12.9 | 125.2 |
| 30 June 2023 | 88.4 | 37 | 16.3 | 141.7 |
| 30 June 2024 | 112.5 | 24.2 | 10.5 | 147.2 |
| 30 June 2025 | 113.9 | 7.8 | 10 | 131.7 |
| 30 June 2026 (EOY) | 94 | 9.6 | 13.3 | 116.9 |



When considering the underlying debt position, it is important to recognise the Long Term Financial Plan assumes a base level of Revenue Received in Advance. This is in recognition of the grant funding received both during election cycles and through targeted grant programs. It is therefore unlikely the balance of Revenue Received in Advance would ever be completely exhausted and as such borrowings would remain within the approved debt ceiling.

### Treasury Management

Council utilises a combination of fixed-term borrowings (Foncier) and Cash Advance Debenture (CAD) facilities as part of treasury management arrangements. The use of these facilities provides flexibility to manage cash flow requirements while minimising the cost of borrowings. As cash is received, available funds are prioritised towards repaying outstanding borrowings, with CAD facilities providing flexibility to draw down funds again as required to meet future cash flow needs. As at 30 June 2026, Council has the following mix of facilities:

| | Current Limit | Balance | Available Funds |
|---|---|---|---|
| Fixed Term Foncier Loans | 5,495,700 | 5,495,700 | - |
| Cash Advance Debentures | 131,559,751 | 88,519,751 | 43,040,000 |
| **TOTAL** | **137,055,451** | **94,015,451** | **43,040,000** |

The option of fixing a portion of Council's borrowing facilities is currently being investigated. With all existing fixed rate loans due to mature in the 2026-27 financial year, fixing a portion of the borrowing facilities at current fixed rates would provide greater certainty over future interest costs. Where fixed rates are comparable to, or lower than, current variable rates, this approach provides an opportunity to lock in favourable rates while reducing exposure to potential increases in variable interest rates. Retaining a portion of the facilities as variable also maintains flexibility to respond to changing cash flow and borrowing requirements. A report regarding these options will be prepared for Council's consideration over the coming months.

## BUDGET IMPLICATIONS 2026-27

In performing the year-end analysis, reviewing the draft actuals and preparing the carry forwards, the following impacts to the 2026-27 budget will be incurred:

- Increase to the operating surplus of $3.06m, relating to proposed operating project carry forward expenditure ($1.36m net) offset by capital renewal income ($4.42m)
- Increased renewal expenditure of $15.9m and related renewal income of $4.42m (net renewal expenditure increase of $11.52m)
- Increased new and significant upgrade expenditure of $8.01m and related income of $3.03m (net new and significant upgrade expenditure increase of $4.98m)

## LONG TERM FINANCIAL PLAN

Under Section 122 of the *Local Government Act 1999* (the Act), Council is required to adopt a Long Term Financial Plan (LTFP) within two years after each general election of the council, and to review this annually.

The LTFP forecasts Council's financial position 10 years out, including associated financial statements and key financial indicators, to ensure future financial sustainability and transparency to the community regarding Council's projected financial position. It is a key tool and a critical part of Council's financial planning process and assists with long-term decision making to ensure that Council continues to meet the needs and expectations of our current and future communities and delivers on Council's strategic objectives (as specified in Council's Community Vision, the Strategic Asset Management Plan, and related strategies).

Under section 122 of the Act, the LTFP is required to be reviewed on an annual basis. The LTFP was reviewed and updated alongside the development of the 2026-27 budget and subsequently adopted at a special council meeting on 25 June 2026.

The annual review incorporated several important updates including:

- An increase to LGPI (local government price index) for 2027-28, in recognition of current world events and potential impacts to supply chains which will potentially inflate prices relating to construction and maintenance
- Alignment of the capital forecast to the updated Strategic Asset Management Plan, incorporating changes reflective of the Open Space Strategic Management Plan and re-forecasting of plant and fleet expenditure
- Inclusion of a both a rate increase and increase to borrowings from 2027-28 – 2035-36 for the implementation of the Open Space Strategic Asset Management Plan (OSSMP) as per the council resolution from 15 July 2025, item 9.11 (2.1) *'Playspaces – changes the service level to ensure access to a playground within 750 metres of most households'* and (2.2) '*Notes the financial summary detailed in this report and impact each service level option has on rates and debt, with the decision of Council to be reflected in updates to the Long Term Financial Plan (LTFP) and Strategic Asset Management Plan (SAMP).*'
- Increase in asset revaluation forecast to align with observed increases (from 3.5% in current LTFP, increasing to 4.0%)
- Forecast growth increased to 1% based on new developments across the city.

The current LTFP continues to constrain Council's capacity in the forward budget to initiate projects in response to emerging community need, requests for Council funding contributions and or to meet Council strategic actions. New and existing project proposals continue to be raised with Council staff and Elected Members that require consideration and response.

Community requests for Council funding toward projects and initiatives continues to place additional pressure on Council's budget. Council staff continue to work with stakeholders and explain Council budget constraints. Should proposals have significant merit and/or growing political pressure and expectation, there will be occasions when information about project proposals and financial implications will need to be presented to Council for direction, with information about the impact on the LTFP and competing priorities.

In August 2026, a combined workshop was held with the ARC and Elected Members seeking direction on key financial matters that Administration and the ARC should prioritise as part of preparations for the next full review of the LTFP by the incoming Council, as required by Council

and ARC resolutions in April 2026 and May 2026. The workshop assisted to identify financial principles, practices and foundations that should be maintained or strengthened and enhanced collective understanding of the financial trade-offs and choices that may need to be considered in balancing community aspirations with long term financial sustainability.

In addition, a workshop was also held to provide an update to Elected Members on the development of the Investment and Commercialisation strategy and to seek feedback about potential investment pathways, priorities, risk appetite and governance models. A further workshop will be held with Elected Members in September, seeking feedback on the draft Strategy before presentation to the ARC and Council at their respective meetings in October 2026.

## SIGNIFICANT FINANCIAL RISKS

The City of Onkaparinga maintains a strategic risk register, which includes emerging and future risks, and a corporate risk register, which includes current risks and challenges that are being worked through.

The strategic risks incorporate the following:

- Council's financial settings are not sustainable in the long term (residual risk rating: medium)
- Non-compliance with legislative obligations (residual risk rating: medium)

The strategic risk register is provided to the Audit and Risk Committee (ARC) on a 6-monthly basis, with strategic risks that have a residual risk rating outside of Council's risk appetite being reported directly to Council. The strategic risk register was provided to the ARC at its meeting on 7 May 2026 and will continue to be provided twice yearly.

CITY OF ONKAPARINGA

Attachment 2

## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDING 30 JUNE 2026

| | 2025-26 YTD Actuals | 2025-26 Approved Budget BR3 |
|---|---|---|
| **Operating income** | | |
| Rates | 184,801,289 | 184,458,646 |
| Statutory charges | 5,977,364 | 5,307,730 |
| User charges | 13,651,412 | 12,922,897 |
| Grants, subsidies and contributions - capital renewal | 5,026,293 | 6,807,231 |
| Grants, subsidies and contributions - operating | 24,705,784 | 17,473,876 |
| Investment income | 112,971 | 98,076 |
| Reimbursements | 1,311,506 | 835,612 |
| Other income | 3,859,990 | 3,500,783 |
| Net gain - joint ventures and associates | - | 776,600 |
| **Total operating income** | **239,446,609** | **232,181,452** |
| **Operating expenses** | | |
| Employee costs | 94,248,269 | 91,694,057 |
| Materials, contracts and other expenses | 85,802,626 | 83,990,408 |
| Finance costs | 6,007,511 | 6,966,412 |
| Depreciation and amortisation | 46,293,814 | 47,518,627 |
| **Total operating expenses** | **232,352,221** | **230,169,504** |
| **Operating surplus/(deficit) before capital amounts** | **7,094,389** | **2,011,948** |
| **Capital income** | | |
| Amounts received specifically for new or upgraded assets | 2,273,171 | 2,880,403 |
| Physical resources received free of charge | 13,047,158 | - |
| Proceeds from disposal of assets | 4,649,140 | 11,169,201 |
| **Net surplus/(deficit)** | **27,063,858** | **16,061,552** |
| **Other comprehensive income** | | |
| Changes in revaluation surplus - infrastructure, property, plant and equipment | 40,818,418 | 66,717,517 |
| **Total other comprehensive income** | **40,818,418** | **66,717,517** |
| **Total comprehensive income** | **67,882,276** | **82,779,069** |

CITY OF ONKAPARINGA

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2026

| | 2025-26 YTD Actuals | 2025-26 Approved Budget BR3 |
|---|---|---|
| **Current assets** | | |
| Cash and cash equivalents | 7,415,344 | - |
| Trade and other receivables | 20,565,372 | 22,862,000 |
| Inventories | 326,792 | 76,000 |
| **Total current assets** | **28,307,508** | **22,938,000** |
| **Non-current assets** | | |
| Financial assets | 1,351,558 | 1,170,000 |
| Equity accounted investments in council businesses | 19,258,800 | 20,035,600 |
| Infrastructure, property, plant and equipment | 2,484,383,946 | 2,543,449,677 |
| Intangible assets | - | - |
| **Total non-current assets** | **2,504,994,305** | **2,564,655,277** |
| **Total assets** | **2,533,301,813** | **2,587,593,277** |
| **Current liabilities** | | |
| Trade and other payables | 36,267,625 | 32,948,646 |
| Short term borrowings | 47,908,062 | 42,478,000 |
| Short term provisions | 14,856,091 | 13,414,000 |
| **Total current liabilities** | **99,031,778** | **88,840,646** |
| **Non-current liabilities** | | |
| Long term borrowings | 46,107,390 | 64,106,643 |
| Long term provisions | 1,650,261 | 1,748,000 |
| Other non current-liabilities | 5,455,185 | - |
| **Total non-current liabilities** | **53,212,836** | **65,854,643** |
| **Total liabilities** | **152,244,614** | **154,695,289** |
| **Net assets** | **2,381,057,199** | **2,432,897,989** |
| **Equity** | | |
| Accumulated surplus | 562,517,105 | 562,921,551 |
| Asset revaluation reserve | 1,792,838,383 | 1,842,844,552 |
| Other reserves | 25,701,712 | 27,131,884 |
| **Total equity** | **2,381,057,199** | **2,432,897,989** |

** Trade and other receivables / payables includes rates and is shown in both categories to recognise the rates which have been generated but not yet payable*

CITY OF ONKAPARINGA

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 30 JUNE 2026

| | 2025-26 YTD Actuals | 2025-26 Approved Budget BR3 |
|---|---|---|
| **Cash flows from operating activities** | | |
| **Receipts** | | |
| Operating receipts | 234,307,345 | 225,276,145 |
| Investment receipts | 112,971 | 98,076 |
| **Payments** | | |
| Operating payments to suppliers and employees | (180,050,896) | (175,684,465) |
| Finance payments | (6,007,511) | (6,966,412) |
| **Net cash flows from operating activities** | **48,361,909** | **42,723,343** |
| **Cash flows from investment activities** | | |
| **Receipts** | | |
| Grants specifically for new or upgraded assets | 2,273,171 | 2,880,403 |
| Proceeds from sale of assets | 4,649,140 | 11,169,201 |
| **Payments** | | |
| Expenditure on renewal/replacement of assets | (38,139,602) | (48,173,098) |
| Expenditure on new/upgraded assets | (10,518,741) | (12,711,690) |
| **Net cash flows from investment activities** | **(41,736,031)** | **(46,835,184)** |
| **Cash flows from financing activities** | | |
| **Receipts** | | |
| Proceeds from borrowings | (14,569,878) | 9,829,256 |
| **Payments** | | |
| Repayments of borrowings | (5,271,635) | (5,271,633) |
| **Net cash flows from financing activities** | **(19,841,513)** | **4,557,623** |
| **Net increase/(decrease) in cash held** | **(13,215,635)** | **445,782** |
| **Cash and cash equivalents at beginning of reporting period** | - | - |
| **Cash and cash equivalents at end of reporting period** | **(13,215,635)** | **445,782** |
| ***Represented by:*** | | |
| *Cash and cash equivalents* | - | - |
| *Less: Short term cash advance drawdowns* | (13,215,635) | 445,782 |
| *Note: this simplified cash flow statement does not take into account revenue received in advance for future periods which will temporarily offset borrowings required in this reporting period* | | |
| **Cash flows from other activities*** | | |
| **Receipts** | | |
| Capital income not carried forward to 2026-27 | 7,456,462 | 5,001,000 |
| Operating income not carried forward to 2026-27 | 1,277,738 | 1,320,000 |
| **Payments** | | |
| Capital expenditure not carried forward to 2026-27 | (23,955,418) | (17,831,946) |
| Operating project expenditure not carried forward to 2026-27 | (2,637,132) | (1,575,280) |
| **Net cash flows from other activities** | **(17,858,350)** | **(13,086,226)** |
| **Revised cash and cash equivalents at end of reporting period** | **(31,073,985)** | **(12,640,444)** |

** Cash flow from other activites represents projects which, at year end, have been proposed to be carried forward from 2025-26 to 2026-27. The revised cash position therefore represents the position if the project and capital works program was delivered in its entirety in the 2025-26 financial year*

CITY OF ONKAPARINGA

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDING 30 JUNE 2026

| | 2025-26 YTD Actuals | 2025-26 Approved Budget BR3 |
|---|---|---|
| **Accumulated surplus** | | |
| Balance at end of previous reporting period | 535,453,247 | 548,676,964 |
| Surplus/(deficit) from operations | 27,063,858 | 14,244,587 |
| Non-cash transfer from reserves to accumulated surplus | - | - |
| **Balance at end of period** | **562,517,105** | **562,921,551** |
| **Asset revaluation reserve** | | |
| Balance at end of previous reporting period | 1,752,019,965 | 1,755,417,964 |
| Gain on revaluation of infrastructure, property, plant and equipment | 40,818,418 | 87,426,588 |
| **Balance at end of period** | **1,792,838,383** | **1,842,844,552** |
| **Other reserves** | | |
| Balance at beginning of period | 18,967,017 | 17,324,000 |
| Transfers to reserve | 6,738,326 | 10,176,141 |
| Transfers from reserve | (3,631) | (3,699,728) |
| **Balance at end of period** | **25,701,712** | **23,800,413** |
| **Total equity** | **2,381,057,199** | **2,429,566,518** |

CITY OF ONKAPARINGA

## FUNDING STATEMENT FOR THE YEAR ENDING 30 JUNE 2026

| | 2025-26 YTD Actuals | 2025-26 Approved Budget BR3 |
|---|---|---|
| **Operating activities** | | |
| **Income** | | |
| Rates revenues | 184,801,289 | 184,458,646 |
| Statutory charges | 5,977,364 | 5,307,730 |
| User charges | 13,651,412 | 12,922,897 |
| Grants, subsidies and contributions - operating | 24,705,784 | 17,473,876 |
| Investment income | 112,971 | 98,076 |
| Reimbursements | 1,311,506 | 835,612 |
| Other income | 3,859,990 | 3,500,783 |
| Share of operating profit from equity accounted investees | - | 776,600 |
| **Total income** | **234,420,316** | **225,374,221** |
| **Expenditure** | | |
| Employee costs | 94,248,269 | 91,694,057 |
| Materials, contracts and other expenses | 85,802,626 | 83,990,408 |
| Depreciation and amortisation | 46,293,814 | 47,518,627 |
| Finance costs | 6,007,511 | 6,966,412 |
| **Total expenses** | **232,352,221** | **230,169,504** |
| **Operating surplus / (deficit) (before capital renewal income)** | **2,068,095** | **(4,795,283)** |
| Grants, subsidies and contributions - capital renewal | 5,026,293 | 6,807,231 |
| **Operating surplus / (deficit) (after capital renewal income)** | **7,094,389** | **2,011,948** |
| **Capital projects** | | |
| **Renewal** | | |
| Project expenses | 38,139,602 | 48,173,098 |
| *Less:* | | |
| Grants, subsidies and contributions | 5,026,293 | 6,807,231 |
| Developer contributions | - | 50,917 |
| Other income | 1,089,091 | 2,415,739 |
| *Add Non-Cash Movements:* | | |
| Cost of asset sold | 2,651,883 | - |
| **Net renewal expense** | **34,676,100** | **38,899,211** |
| **New and Significant Upgrades** | | |
| Project expenses | 10,518,741 | 12,711,690 |
| *Less:* | | |
| Grants, subsidies and contributions | 1,441,685 | 1,250,833 |
| Developer contributions | 831,486 | 1,578,653 |
| Other income | 816,387 | 253,462 |
| Proceeds from sale of assets | 5,395,546 | 8,500,000 |
| **Net new and significant upgrade expense** | **2,033,638** | **1,128,743** |
| **Capital Project Expenditure** | **36,709,738** | **40,027,953** |

CITY OF ONKAPARINGA

## FUNDING STATEMENT FOR THE YEAR ENDING 30 JUNE 2026

| | 2025-26 YTD Actuals | 2025-26 Approved Budget BR3 |
|---|---|---|
| **Other** | | |
| **Loans** | | |
| New loans | (14,569,878) | 9,829,255 |
| *Less:* | | |
| Loan principal repayments | 5,271,635 | 5,271,633 |
| **Net loan movement** | **19,841,513** | **4,557,622** |
| | | |
| **Reserves** | | |
| Transfer from reserves | 3,631 | 3,699,728 |
| *Less:* | | |
| Transfer to reserves | 6,738,326 | 10,176,141 |
| **Net reserve movement** | **(6,734,695)** | **(6,476,413)** |
| | | |
| ***Adjust:*** | | |
| Depreciation - included in operating result, funded by renewal | 46,293,814 | 47,518,627 |
| Grants, subsidies and contributions (renewal) - included in operating | (5,026,293) | (6,807,231) |
| Grants received which have been transferred to RRIA | (1,814,781) | |
| Accruals | (13,109,256) | - |
| Net gain - equity accounted joint venture (non-cash) | - | 776,600 |
| | | |
| **Funding Surplus / (deficit)** | **-** | **-** |
| | | |
| Grand Total Income | 236,269,338 | 258,983,438 |
| Grand Total Expense | 236,269,338 | 258,983,438 |
| Funding Surplus / (deficit) | 0 | 1 |

CITY OF ONKAPARINGA

## UNIFORM PRESENTATION OF FINANCES FOR THE YEAR ENDING 30 JUNE 2026

| | 2025-26 YTD Actuals | 2025-26 Approved Budget BR3 |
|---|---|---|
| **Operating surplus/(deficit)** | | |
| Operating income | | |
| Rates | 184,801,289 | 184,458,646 |
| Statutory charges | 5,977,364 | 5,307,730 |
| User charges | 13,651,412 | 12,922,897 |
| Grants, subsidies and contributions - capital renewal | 5,026,293 | 6,807,231 |
| Grants, subsidies and contributions - operating | 24,705,784 | 17,473,876 |
| Investment income | 112,971 | 98,076 |
| Reimbursements | 1,311,506 | 835,612 |
| Other income | 3,859,990 | 3,500,783 |
| Net gain - joint ventures and associates | - | 776,600 |
| | **239,446,609** | **232,181,452** |
| Operating expenses | | |
| Employee costs | 94,248,269 | 91,694,057 |
| Materials, contracts and other expenses | 85,802,626 | 83,990,408 |
| Finance costs | 6,007,511 | 6,966,412 |
| Depreciation and amortisation | 46,293,814 | 47,518,627 |
| | **232,352,221** | **230,169,504** |
| **Operating surplus/(deficit)** | **7,094,389** | **2,011,948** |
| **Net outlays on existing assets** | | |
| Capital expenditure on renewal and replacement of existing assets | (38,139,602) | (48,173,098) |
| Add back depreciation, amortisation and impairment | 46,293,814 | 47,518,627 |
| Proceeds from sale of replaced assets | 1,089,091 | 2,415,739 |
| **Net outlays on existing assets** | **9,243,303** | **1,761,268** |
| **Less: Net outlays on new and upgraded assets** | | |
| Capital expenditure on new and upgraded assets | (10,518,741) | (12,711,690) |
| Amounts received specifically for new and upgraded assets | 2,273,171 | 2,880,403 |
| Proceeds from sale of surplus assets | 6,211,932 | 8,753,462 |
| **Net outlays on new and upgraded assets** | **(2,033,638)** | **(1,077,825)** |
| **Net impact to financing activities surplus/(deficit)** | **14,304,054** | **2,695,391** |

CITY OF ONKAPARINGA

## KEY FINANCIAL INDICATORS FOR THE YEAR ENDING 30 JUNE 2026

| | 2025-26 YTD Actuals | 2025-26 Approved Budget BR3 |
|---|---|---|
| **Operating surplus ratio** *The percentage by which the major controllable income source varies from day to day expenses* | | |
| Calculated as: | | |
| Operating surplus/(deficit) before capital amounts | 7,094,389 | 2,011,948 |
| Divided by: | | |
| Operating income | 239,446,609 | 232,181,452 |
| **Operating income** | **239,446,609** | **232,181,452** |
| **Expressed as a percentage** | **3.0%** | **0.9%** |
| **Target*** | **>0%** | **>0%** |
| **Net financial liabilities ratio** *How significant is the net amount owed compared with income* | | |
| Calculated as: | | |
| Total liabilities | 152,244,614 | 154,695,289 |
| Less: Liabilities for equity accounted investments in council businesse | - | - |
| Less: Current cash and cash equivalents | (7,415,344) | - |
| Less: Current trade and other receivables | (20,565,372) | (22,862,000) |
| Less: Current other financial assets | (326,792) | (76,000) |
| Less: Non-current financial assets | (1,351,558) | (1,170,000) |
| **Net financial liabilities** | **122,585,548** | **130,587,289** |
| Divided by: | | |
| Total operating income | 239,446,609 | 232,181,452 |
| **Total operating income** | **239,446,609** | **232,181,452** |
| **Expressed as a percentage** | **51.2%** | **56.2%** |
| **Target** | **<100%** | **<100%** |
| **Interest cover ratio** *How much income is used in paying interest on loans* | | |
| Calculated as: | | |
| Finance costs | 6,007,511 | 6,966,412 |
| Less: Investment income | (112,971) | (98,076) |
| **Net finance costs** | **5,894,540** | **6,868,336** |
| Divided by: | | |
| Total operating income | 239,446,609 | 232,181,452 |
| Less: Investment income | (112,971) | (98,076) |
| **Total operating income** | **239,333,638** | **232,083,376** |
| **Expressed as a percentage** | **2.5%** | **3.0%** |
| **Target** | **<5%** | **<5%** |

CITY OF ONKAPARINGA

## KEY FINANCIAL INDICATORS FOR THE YEAR ENDING 30 JUNE 2026

| | 2025-26 YTD Actuals | 2025-26 Approved Budget BR3 |
|---|---|---|
| **Level of borrowings** *How significant is the level of borrowings compared with income* | | |
| Calculated as: | | |
| Total borrowings | 94,015,451 | 106,584,643 |
| Divided by: | | |
| Total operating income | 239,446,609 | 232,181,452 |
| **Expressed as a percentage** | **39.3%** | **45.9%** |
| Alternate ratio | | |
| Calculated as: | | |
| Total borrowings | 94,015,451 | 106,584,643 |
| Divided by: | | |
| Total rate income | 184,801,289 | 184,458,646 |
| **Expressed as a percentage** | **50.9%** | **57.8%** |
| **Debt ceiling** | **143,000,000** | **143,000,000** |
| **Debt servicing ratio** *The proportion of total operating revenue required to service debt* | | |
| Calculated as: | | |
| Fixed term repayments plus Interest (finance costs) | 11,279,147 | 12,238,045 |
| Divided by: | | |
| Total operating income | 239,446,609 | 232,181,452 |
| **Expressed as a percentage** | **4.7%** | **5.3%** |
| **Target** | | |
| **Total debt servicing will be below an upper debt servicing limit of 10% and above a lower limit of 3%** | | |
| **Operating revenue** | | |
| Calculated as: | | |
| Total operating income | 239,446,609 | 232,181,452 |
| Upper debt servicing limit 10% of operating revenue | 23,944,661 | 23,218,145 |
| Lower debt servicing limit 3% of operating revenue | 7,183,398 | 6,965,444 |
| **Debt Servicing** | **11,279,147** | **12,238,045** |
| **Asset renewal funding ratio** *What percentage of assets are being replaced at the rate they are consumed* | | |
| Calculated as: | | |
| Expenditure on renewal/replacement of assets | 38,139,602 | 48,173,098 |
| Less: Sale of replaced assets | - | - |
| **Net expenditure on renewal/replacement of assets** | **38,139,602** | **48,173,098** |
| Divided by: | | |
| Projected asset renewal funding requirement | 34,704,000 | 34,704,000 |
| **Expressed as a percentage** | **109.9%** | **138.8%** |
| **Target** | **90-110%** | **90-110%** |

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# Carry Forward Report
## Project and Capital Works

Attachment 3

| Project Description | New / Renewal / Operating | Forward Expense / (Revenue) | Reason for Carry Forward | Carry Forward Comment | Estimated Completion Date |
|---|---|---|---|---|---|
| **BUILDINGS** | | | | | |
| Noarlunga Aquatic Centre - Design | RENEW | 13,494 | PLANNED MULTI-YEAR | Ongoing design and construction services until project completion in late 2026 | DECEMBER |
| Noarlunga Aquatic Centre - Major Renewal Remedial Works | RENEW | 7,693,483 | PLANNED MULTI-YEAR | Project timeline extended due to increased scope and additional external funding. | DECEMBER |
| Wardli Youth Centre Capital New | NEW | 15,455 | CONSTRUCTION DELAYS | Capital investment for sound proofing at Wardli Youth Centre | DECEMBER |
| Noarlunga Aquatic Centre - Major Renewal Remedial Works | RENEW | (2,980,548) | PLANNED MULTI-YEAR | Multi-year project, revenue drawn down in line with expenses | DECEMBER |
| **SUBTOTAL** | | **4,741,884** | | | |
| | | | | | |
| **COASTAL MANAGEMENT** | | | | | |
| Port Noarlunga Jetty - Maintenance Works - Phase 1 | OPERATNG | 250,000 | AWAITING APPROVALS | Pending Jetty lease negotiations with DIT. | JUNE |
| Tiller Drive Shared Path - Kaurna Story Telling Artwork | RENEW | 20,000 | CONSTRUCTION DELAYS | Public art contract signed, works on site will begin early August | SEPTEMBER |
| **SUBTOTAL** | | **270,000** | | | |
| | | | | | |
| **COMMUNITY, CULTURE AND LIBRARIES** | | | | | |
| Public art Aunty Georgina Williams & Kaurna women | NEW | 49,000 | CONSTRUCTION DELAYS | Contract approvals are in progress. Due to the nature of the digital work the contract has been delayed to ensure proper protections for the artist and council in delivery of the work | DECEMBER |
| **SUBTOTAL** | | **49,000** | | | |
| | | | | | |
| **ENVIRONMENTAL** | | | | | |
| Native Vegetation Clearance Offset | OPERATNG | 41,270 | PLANNED MULTI-YEAR | 26/27 and 27/28 allocation of SEB funding for McHarg Reserve rejuvenation (woody weed control and planting) as per Native Vegetation Management Plan. | JUNE |
| Urban Creek Resilience & Recovery | OPERATNG | 592,025 | PLANNED MULTI-YEAR | Multi year project with grant completion date of May 2028 | MAY |
| Urban Creek Resilience and Recovery Project #2 | OPERATNG | 666,170 | PLANNED MULTI-YEAR | Multi year project with grant completion in February 2028 | FEBRUARY |
| Urban Creek Resilience & Recovery | OPERATNG | (592,025) | PLANNED MULTI-YEAR | Multi-Year Project, revenue drawn down in line with expenses, grant completion May 2028 | MAY |

| Project Description | New / Renewal / Operating | Forward Expense / (Revenue) | Reason for Carry Forward | Carry Forward Comment | Estimated Completion Date |
|---|---|---|---|---|---|
| | | | | | |
| Urban Creek Resilience and Recovery Project #2 | OPERATNG | (676,682) | PLANNED MULTI-YEAR | Multi-Year Project, revenue drawn down in line with expenses, grant completion February 2028 | FEBRUARY |
| **SUBTOTAL** | | **30,758** | | | |
| | | | | | |
| **MAJOR PROJECTS FUND** | | | | | |
| Hackham South East Local Infra | NEW | 310,946 | PLANNED MULTI-YEAR | Council works awaiting developer completion of sewer infrastructure | JUNE |
| Port Willunga North Coast Park | NEW | 5,436,142 | AWAITING APPROVALS | Private land owner negotiations ongoing | JUNE |
| Hackham South East Local Infra | NEW | (156,008) | PLANNED MULTI-YEAR | Council works awaiting developer completion of sewer infrastructure | JUNE |
| Port Willunga North Coast Park | NEW | (2,878,158) | AWAITING APPROVALS | Private land owner negotiations ongoing, revenue drawn down in line with expenses. | JUNE |
| **SUBTOTAL** | | **2,712,922** | | | |
| | | | | | |
| **OPERATING** | | | | | |
| 2025 SA Youth Action Plan - Life Skills Grant | OPERATNG | 9,031 | PLANNED MULTI-YEAR | Grant period 1 October 2025 to 31 October 2026 | OCTOBER |
| 2025 SA Youth Action Plan - Life Skills Grant | OPERATNG | (9,031) | PLANNED MULTI-YEAR | Grant period 1 October 2025 to 31 October 2026 | OCTOBER |
| Service Evaluation | OPERATNG | 40,000 | PLANNED MULTI-YEAR | Project commenced, consultant engage, initial discussions underway | DECEMBER |
| **SUBTOTAL** | | **40,000** | | | |
| | | | | | |
| **ORGANISATIONAL RESPONSE** | | | | | |
| Audio Visual Equipment Upgrade - Chamber | RENEW | 55,209 | CONSTRUCTION DELAYS | Hardware pending delivery in August + any extra services required | SEPTEMBER |
| Backend Systems Upgrade | OPERATNG | 156,546 | PLANNED MULTI-YEAR | Costs for system patching and upgrades | JUNE |
| Customer Relationship Management System | OPERATNG | 27,899 | PLANNED MULTI-YEAR | Licensing costs for software + any additional project costs | JUNE |
| Data Management - Phase 1 & 2 Implementation | OPERATNG | 191,058 | PLANNED MULTI-YEAR | Data Governance & Quality Framework recently approved - 6 month pilot project to be undertaken | JUNE |
| Libraries Public Computer Modernisation | RENEW | 25,012 | PLANNED MULTI-YEAR | Ordered prior to end of financial year, however equipment is still being built and is expected to be delivered by the end of December 2026 | DECEMBER |
| PCW -> OneCouncil Migration | NEW | 36,037 | PLANNED MULTI-YEAR | Hardware upgrades to transition the PCW process into One Council | JUNE |
| Technology Improvement Initiatives | OPERATNG | 418,000 | FUNDING GAP | Funding required to progress technology improvement initiatives | JUNE |
| WiFi Upgrade - FOC | NEW | 38,573 | CONSTRUCTION DELAYS | Required for WiFi work in July / August | SEPTEMBER |
| **SUBTOTAL** | | **948,334** | | | |

| Project Description | New / Renewal / Operating | Forward Expense / (Revenue) | Reason for Carry Forward | Carry Forward Comment | Estimated Completion Date |
|---|---|---|---|---|---|
| | | | | | |
| **PLACEMAKING** | | | | | |
| Cemetery Review & Code Amendment | OPERATNG | 74,700 | FUNDING TIMING | This funding is tied to a State Government Grant for a Local heritage Review and therefore needs to be preserved. Development policy is close to going to select tender for the heritage review. | MARCH |
| **SUBTOTAL** | | **74,700** | | | |
| | | | | | |
| **PLANT AND EQUIPMENT** | | | | | |
| Plant Acquisitions – NEW | NEW | 322,667 | PLANNED MULTI-YEAR | Delayed procurement | JUNE |
| Sales and Acquisitions | RENEW | 3,468,964 | PLANNED MULTI-YEAR | Delayed procurement | JUNE |
| Sales and Acquisitions | RENEW | (931,545) | PLANNED MULTI-YEAR | Pending sale of vehicles on arrival of replacements | JUNE |
| **SUBTOTAL** | | **2,860,086** | | | |
| | | | | | |
| **ROADWORKS** | | | | | |
| Alice & Carol Crescent, Morphett Vale | RENEW | 296,817 | CONSTRUCTION DELAYS | Works impacted by significant inclement weather in June, delaying pavement construction and asphalt. | JULY |
| Collins Parade, Hackham | RENEW | 820,404 | CONSTRUCTION DELAYS | Works impacted by significant inclement weather in June, delaying pavement construction and asphalt. | AUGUST |
| Contingency for Cost Escalation (NSU) | NEW | 1,313,538 | FUNDING GAP | The ongoing Middle East crisis continues to disrupt global supply chains, increasing transportation risks and delays while driving up fuel and raw material costs, placing upward pressure on procurement and operating expenses. Funds being retained as contingency. | JUNE |
| Contingency for Cost Escalation (RENEWAL) | RENEW | 1,640,102 | FUNDING GAP | The ongoing Middle East crisis continues to disrupt global supply chains, increasing transportation risks and delays while driving up fuel and raw material costs, placing upward pressure on procurement and operating expenses. Funds being retained as contingency. | JUNE |
| Norman Road, Aldinga Beach | RENEW | 2,121,000 | PLANNED MULTI-YEAR | Project delayed to enable SA Water to replace a mains water supply in the road carriageway prior to Council's road reconstruction works. | DECEMBER |
| Road Works Validation – Process Review and Platform Upgrade | OPERATNG | 120,433 | PLANNED MULTI-YEAR | Stage 2 of the Road Works Validation – Process Review and Platform Upgrade project – Implementation design solution, including configuration of TechnologyOne platform, stakeholder training, and system testing. | JUNE |

| Project Description | New / Renewal / Operating | Forward Expense / (Revenue) | Reason for Carry Forward | Carry Forward Comment | Estimated Completion Date |
|---|---|---|---|---|---|
| | | | | | |
| Windemere Court, Woodcroft | RENEW | 177,319 | CONSTRUCTION DELAYS | Works impacted by inclement weather in June, delayed the pavement construction and asphalt. | AUGUST |
| Collins Parade, Hackham | RENEW | (510,203) | CONSTRUCTION DELAYS | Funding drawn down in alignment with project delivery - works impacted by inclement weather in June, delayed the pavement construction and asphalt | AUGUST |
| **SUBTOTAL** | | **5,979,410** | | | |
| | | | | | |
| **SPORT AND ACTIVE RECREATION** | | | | | |
| Aldinga Rec Centre Capital | NEW | 7,516 | PLANNED MULTI-YEAR | Gym equipment ordered in June, awaiting delivery | AUGUST |
| **SUBTOTAL** | | **7,516** | | | |
| | | | | | |
| **STRATEGIC PLANNING** | | | | | |
| Onkaparinga Local Area Plan - Five Year Review | OPERATNG | 50,000 | AWAITING APPROVALS | Adjustments to State Government program for LAP have influences project timing. We are focussing funds toward Employment Lands Study/Strategy in view of emerging employment land shortage and to provide evidence base for the LAP. Furthermore, this work will support the Coordinator Generals request for agency assistance and collaboration regarding development of an Employment Lands Roadmap for Greater Adelaide. | DECEMBER |
| **SUBTOTAL** | | **50,000** | | | |
| | | | | | |
| **WATER RESOURCES** | | | | | |
| GPT Installation Pedler Creek SMP - McLaren Vale | NEW | 33,355 | CONSTRUCTION DELAYS | Impacted by inclement weather, GPT installed unable to finish swale construction due to ground conditions. | OCTOBER |
| Willunga Creek Norman Rd - SW upgrade | RENEW | 60,385 | PLANNED MULTI-YEAR | Commencement of year 1 works delayed to allow additional time to negotiate private land owner agreements required to undertake works. | JUNE |
| **SUBTOTAL** | | **93,740** | | | |
| | | | | | |
| **TOTAL NET CARRY FORWARDS** | | **17,858,350** | | | |

## 7.3 ANNUAL REPORT BY THE AUDIT AND RISK COMMITTEE FY 2025/26

| Report contact | Meeting |
|---|---|
| Nicole Roberts, Team Leader Corporate Governance | Audit and Risk Committee |
| **Manager** | |
| Ben Harkin, Manager Governance | |
| **Approving officer** | **Date** |
| Renee Mitchell, Director Planning, Governance and Regulatory Services | 27 August 2026 |

### 1. Purpose

The report provides the Annual Report by the Audit and Risk Committee (ARC) FY 2025/26, for approval to be presented at the next Council meeting.

### 2. Recommendations

**That the Audit and Risk Committee receives and approves the Annual Report by the Audit and Risk Committee FY 2025/26, as provided in Attachment 1 to the agenda report, for presentation at the next Council meeting.**

### 3. Executive summary

In accordance with section 126(8)(b) of the *Local Government Act 1999*, the ARC must provide an annual report to the Council on the work of the ARC during the period to which the report relates. This requirement is also reflected in the ARCs Terms of Reference at clause 5.

The Annual Report by the ARC FY 2025/26 is provided as Attachment 1.

### 4. Background

| | |
|---|---|
| Policy and/or relevant legislation | ARCs Terms of Reference<br>Section 126(8)(b) *Local Government Act 1999:*<br>*"provide an annual report to council on the work of the committee during the period to which the report relates".* |
| Who did we talk to/who will we be talking to | ARC Members |

### 5. Discussion

This report is for the FY 2025/26 for the meetings from 28 August 2025 to 7 May 2026 (inclusive). It includes details such as meeting dates, meeting topics, membership and attendances.

## 6. Financial implications

Nil

## 7. Risk and opportunity management

N/A

## 8. Timelines and deadlines

See point 9.

## 9. Next steps

The ARC Annual Report 2025/26 will be provided for presentation at the next Council meeting. This report is then required to be included in council's Annual Report.

## 10. Attachments

Attachment 1 – Annual Report by the Audit and Risk Committee FY 2025/26 (4 pages)

- END OF REPORT –

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In accordance with the Terms of Reference of the Audit and Risk Committee (ARC), this is the ARCs report to council on the work of the committee for FY 2025/26 (clause 5 of the Terms of Reference).

## Meeting Dates

For FY 2025/26, the ARC had six (6) meetings (ordinary and special), to consider a range of matters within the functions of the ARCs Terms of Reference. Meetings were held on the following dates during this report period:

| | |
|---|---|
| 28 August 2025 | 5 February 2026 |
| 23 October 2025 (Special meeting) | 2 April 2026 (Special meeting) |
| 6 November 2025 | 7 May 2026 |

## Meeting Discussions

The ARC has provided Council with feedback to support the Council's decision making by adding value through extended resolutions for council's consideration.

The following matters were considered by the ARC from 28 August 2025 to 7 May 2026 (inclusive):

*Financial Reporting*

- 2026-27 Budget and Long-Term Financial Plan Assumptions and Update
- Quarterly Finance Reports including Budget Reviews and carry forwards report
- Draft General Purpose Financial Statements for Period Ended 30 June 2025
- Southern Region Waste Resource Authority Annual Report for Year Ended 30 June 2025
- Land and Building Asset Revaluations
- Building Assets – Useful Life Review
- Audit and Risk Committee Development of Suite of Recommendations on Matters of Financial Significance
- Asset Revaluations – 31 December 2025

*Annual Report*

- Draft Annual Report for 2024-25

*Annual Business Plan*

- Draft Annual Business Plan 2026-27

*Risk Management*

- Strategic Risks
- Corporate Risks

- Climate Risks
- Risk Management Framework Review

*External Audit*

- External Audit Plan 2025-26
- 2025-26 External Audit Interim Management Letter
- In Camera Session – Audit and Risk Committee and Dean Newberry
- 2024-25 Year End External Audit Completion Report

*Internal Audit*

- Internal Audit Quarterly Updates
- CEO Annual Report on Councils' Internal Audit Processes 2024-25
- Global Internal Audit Standards 2024
- The Committee reviewed Internal Audit reports by KPMG:
  - Fraud and Corruption Management Framework (completed 24/25 but report to August 2025 meeting)
  - Project Management
  - Contractor Management
  - Volunteer Management

*Policies*

Recommended 50% of funding for the Open Space Strategic Asset Management Plan come from rate increases with the remaining 50% coming from increased debt.

Recommended that Council considers that the LTFP include more material changes to operating and capital expenditures and to rate revenue increases as part of a debt management strategy.

Proposed development of a framework for projects to be progressed jointly with the private sector.

*Other Matters*

- Quarterly Workplan Updates
- 2025 Internal Financial Control Self Assessment
- Quarterly Actions Arising from Meetings
- Corporate Governance Quarterly Updates
- Work Health Safety and Injury Management Annual Report
- Annual Report by the Audit and Risk Committee 2024-25
- ARC Annual Performance Review Discussion 2025-26
- Water Assets Update
- Superannuation Compliance for Committee Members and Contractors
- Algal Bloom Update
- Golf Recreation Facility – WM Hunt Reserve

- Information and Communications Technology (ICT) Reports
- Information Technology Services Strategy
- Project Management Framework Review
- Audit and Risk Committee Revised Terms of Reference

### ARC Membership

The ARCs current members are:

- Timonthy O'Loughlin – Presiding Member – Appointed to 16 May 2028
- Paula Davies – Independent Member – Appointed to 16 May 2027
- Andrew Johnson – Independent Member – Appointed to 16 May 2029
- Cr Pritchard – Until the conclusion of the local government elections - April 2027
- Cr Yeomans – Until the conclusion of the local government elections - April 2027
- Cr Bell (Proxy) – Until the conclusion of the local government elections - April 2027

### ARC Attendances

Attendance during the reporting period was as below:

| Attendee/ Date | Timothy O'Loughlin | Paula Davies | Andrew Johnson | Cr Pritchard | Cr Yeomans | Cr Bell (Proxy) |
|---|---|---|---|---|---|---|
| 28 August 2025 | ☑ | ☑ | ☑ | ☑ | ☑ | |
| 23 October 2025 | ☑ | ☑ | ☑ | ☑ | ☑ | |
| 6 November 2025 | ☑ | ☑ | ☑ | ☑ | ☑ | |
| 5 February 2026 | ☑ | ☑ | ☑ | ☑ | Apology | |
| 2 April 2026 | ☑ | ☑ | Apology | Apology | ☑ | |
| 7 May 2026 | ☑ | ☑ | ☑ | ☑ | Apology | ☑ |

### ARC Annual Performance Review

The ARC determined in its meeting on 6 February 2025 that a performance review discussion was preferred to be held annually (rather than a formal review process with an anonymous questionnaire). A performance discussion was held at the 7 May 2026 ARC meeting.

### Comments or Feedback

The ARC thanks the Council for the opportunity to serve in this way and invites the Council to provide any comments or feedback on this report.

**Tim O'Loughlin**
Presiding Member on behalf of the Audit and Risk Committee
Endorsed by the ARC at its meeting on 27 August 2026

## 7.4 CORPORATE RISK REVIEW – AUGUST 2026

| Report contact | Meeting |
|---|---|
| Carolina Marentes, Senior Risk and Audit Officer | Audit and Risk Committee |
| **Manager** | |
| Ben Harkin, Manager Governance | |
| **Approving Officer** | **Date** |
| Renee Mitchell, Director Planning, Governance and Regulatory Services | 27 August 2026 |

### 1. Purpose

This report provides information to the Audit and Risk Committee (ARC) on the recent review of the Corporate Risk profile for the council.

By reviewing and assessing Corporate Risks, council can consider the impact of risk events and formulate controls to mitigate the effects of risks where reasonable and practical.

### 2. Recommendations

**That the Audit and Risk Committee:**

1. **Receive and note the Corporate Risks detailed in the report and provided as Attachment 1 to the agenda report and the Dashboard Summary provided as Attachment 2 to the agenda report;**
2. **Note that the Corporate Risks identified in this report will be monitored and reported on to the Audit and Risk Committee as per the Audit and Risk Committee's Workplan; and**
3. **Note that there are currently no risks outside of the council's risk appetite.**

### 3. Executive summary

Since the last Corporate Risk Report to ARC (February 2026) one (1) risk has been identified, and two (2) risks have been archived, decreasing the total number of Corporate Risks from 73 to 72.

The table below provides further information on the number of residual risks per directorate including a high-level indication of how those risks are currently rated across the organisation and the changes since February 2026.

| Register | Low | Medium | High | Extreme |
|---|---|---|---|---|
| Strategy, Engagement and Community **(Strategy)** | **9** | **5** (+1) | **1** (-1) | **0** |
| Operations | **5** (-1) | **3** | **2** | **0** |
| Corporate & Commercial | **14** (+1) | **9** (-1) | **1** (-1) | **0** |
| Planning, Governance and Regulatory Services **(Planning)** | **10** (+4) (-1) | **12** (+3) | **1** (+1) | **0** |

*Figure 3.2 Residual Risk Ratings by Directorate.*

*(number) change since August 2025 Report*

## 4. Background

| | |
|---|---|
| Policy and/or relevant legislation | *Local Government Act 1999*<br>Risk Management Framework<br>ARC Terms of Reference |
| Who did we talk to/who will we be talking to | Managers |

## 5. Discussion

### Brief

To provide the Audit and Risk Committee with an update on changes to risks in the Corporate Risk Register.

### Method

For this reporting period, the assessment process involved a review of existing risks in consultation with the relevant managers. Any new or emerging risks identified through this process have been added to the register.

The Corporate Risks identified in Attachment 1 provide evidence of a continuous risk management process in which controls are frequently reviewed and managed.

While all risks were reviewed, any risks not specifically mentioned in this report have been assessed to have had no material changes since February 2026.

Following the review and approval of the Risk Management Framework (reviewed by ARC on 7 May 2026 and approved by Council on 19 May 2026), risk assessments were conducted with the revised consequences table, which included updated dollar values within the financial category. Additionally, the updated risk appetite statements were considered to assess risk outside of Council's risk appetite, which reflects an accepting approach within the financial category.

Since the Governance team has been realigned to be part of the Planning, Governance, and Regulatory Services directorate, the risks previously associated with the Office of the CEO now fall under the Planning, Governance, and Regulatory Services directorate.

### Corporate Risk Profile

<u>Summary</u>

The Corporate Risk profile remains largely unchanged from the February 2026 review. A total of seventy-two (72) risks continue to be identified across key operational areas, with fifty-four (54) rated as Inherent High or Extreme prior to the application of controls.

<u>Controls</u>

- Control effectiveness remains strong with 85% of the four hundred and eighteen (418) controls assessed as Effective or Majority Effective. The remaining 15% are assessed as not fully effective, as explained further below:

    - Partially Effective controls (54, 12%) are almost in every case well designed and functioning as intended, however, their efficacy is influenced by several factors. These include reliance on voluntary compliance rather than mandatory enforcement (e.g. training), dependence on limited or specialist resources (e.g. succession planning), operation within accepted scope limitations (e.g. insurance coverage),

and a significant number that are adequate but are scheduled for review, revision, or policy updates (e.g. Remote or isolated work procedure). It is expected that the effectiveness ratings of these controls will improve upon completion of these initiatives.

- Controls requiring significant improvement (2, 1%) are those for which design has started and there is a foundation or framework not yet been established or approved (e.g. Training and job-shadowing arrangements).

- Ineffective controls (7, 2%) are related to registers or systems that still do not exist within One Council (e.g. Contaminated Land Register) or policies and plans scheduled to be developed (e.g. Use cases for Generative AI). In each case, the actions are already defined, including system migration, policy approval, or process redesign, and do not require the development of entirely new controls.

- Treatment actions will be recorded and monitored in Reliansys for controls assessed as not fully effective, with agreed target completion dates.

Following the application of controls, the residual risk profile remains stable and aligned with the previous review. There are no residual Extreme risks, only five (5) residual High risks persist, with at least one in each directorate. The majority of residual risks continue to be rated as Medium or Low.

The Corporate Risk Dashboard in Attachment 2 provides a summary of the overall Corporate Risk Profile.

Risk Appetite

Risks outside appetite were decreased from thirteen (13) to zero (0). This reduction results from a recalibration of the Council's risk appetite and consequence thresholds, rather than any significant change to the residual risk profile. Risks are continuously managed and monitored within existing controls.

**Risk Updates**

New Risk

Planning - One (1) risk is newly identified (further details provided later in the report):

- *Risk 1231 – Failure to take advantages of opportunities presented by Artificial Intelligence (AI).*

Risk Movements

Following the realignment of the Governance section to the Planning, Governance and Regulatory Services directorate, the following risks have transferred to the Planning Risks Register:

- *Risk 4 - Breach of confidentiality by Elected Members or employees.*
- *Risk 87 - Failure by Elected Member or Employee to identify or disclose conflict of interest.*
- *Risk 89 - Elected Members fail to comply with legislative obligations (civic governance requirements) under the Local Government Act 1999.*
- *Risk 94 - Insufficient information management compliance leads to non-conformance with State Records Act.*
- *Risk 97 – Breach of ICAC legislation.*
- *Risk 155 – Ineffective Risk management systems.*

One (1) risk has been moved from Corporate to Planning:

- *Risk 1176 - Misuse of Artificial Intelligence (AI) technology*
  ICT remains responsible for technical controls, while Corporate Governance oversees policy, compliance and responsible use across Council.

Risks Archived

Planning Governance and Regulatory – One (1) risk was archived:

- *Risk 66 - Failure to appropriately manage escalated complaints*
  Complaint handling has been improved through corporate application of complaint recording in OneCouncil and reporting against closed complaints/complaints by team and escalation level.

Operations - One (1) risk was archived:

- *Risk 1170 - The Noarlunga Aquatic Centre Ageing Infrastructure*
  The pool is currently closed while refurbishment works are underway, with the project delivering extensive renewal works to address ageing infrastructure, together with external landscaping and the addition of a splash pad.

### Summary of Material Changes of Risks by Directorate

The following risks were assessed to have material changes since the last report. Risks included in Attachment 1, with red arrows indicating changes in ratings.

Strategy, Engagement and Community

- *Risk 59 - Failure to identify and manage risk for internally run community events, programs and activities.*
  Inherent and residual likelihood increased to reflect cancellation of two (2) events due to adverse weather. The Australia Day Family Fair (26 January 2026) was cancelled due to extreme heat; and Love Velo Vines (24 January 2026) was cancelled due to extreme heat and strong winds, which created unsafe conditions for staff and prevented the safe delivery of the events. Inherent risk increased from Medium to High and residual rating remains Low.
- *Risk 160 – Potential safety issues for isolated workers at community facilities.*
  Updates have been made to include additional controls including psychosocial risk management initiatives, staff training and security measures at higher risk community facilities. The inherent and residual risk ratings remain unchanged.
- *Risk 72 – Unable to connect to Council Networks in community facilities.*
  Residual likelihood decreased from possible to unlikely. Recent incidents have arisen as a result of scheduled activities in other sectors affecting connectivity to library systems, rather than from unexpected issues. Lessons learned have been implemented to prevent recurrence. Residual risk decreased from Medium to Low.
- *Risk 1089 – The Noarlunga Aquatic and Recreation Centre*
  The risk was reassessed to reflect the potential that community expectations would not be met following the planned reopening in November. Inherent likelihood decreased to likely, resulting in an updated inherent risk rating from Extreme to High. Residual likelihood decreased to unlikely, reducing residual risk rating from High to Medium.

Corporate and Commercial

- *Risk 93 - Major IT system failure.*
  Updates to the Veeam backup and recovery platform, routine disaster recovery (DR) drills with validated failover procedures for critical systems, and the deployment of enterprise grade network infrastructure designed to improve redundancy, reliability, and recovery capabilities, strengthened ICT resilience and reduced the impact and likelihood of a significant ICT disruption. Residual risk decreased from Medium to Low.
- *Risk 99 - Industrial action related to enterprise bargaining.*

Inherent likelihood was decreased from likely to possible, and the Employee Welfare consequence rating changed from major to moderate. This adjustment was based on the fact that over the past 18 months, three (3) Enterprise Agreements (EAs) have been successfully negotiated without any industrial action. The inherent risk remains High, and residual risk Low.

- *Risk 151 - Failure to anticipate, plan for and respond to changing technology needs and requirements and Risk 173 - Poor governance of new IT implementation.*
  The implementation of the ICT Strategic Plan (2025–2030), Strategic Technology Steering Committee, proactive management of asset and infrastructure lifecycles, and greater business led prioritisation of ICT initiatives improve council's capacity to adapt to evolving technology needs while reducing risks related to ageing infrastructure and technical debt. An additional control has also been introduced to ensure production servers remain on supported operating systems as part of the infrastructure uplift program. The residual likelihood for Risk 151 has decreased from possible to unlikely; however, residual risk remains Medium. The Residual risk for Risk 173 remains Low.

Operations

- *Risk 76 - Major coastal cliff collapse.*
  Inherent and residual likelihood increased from rare to possible following advice from the Technical Services team that an event could occur within one-two year period. As a result, both inherent and residual risk ratings changed from Low to Medium.

Planning, Governance and Regulatory

- *Risk 1176 – Misuse of Artificial Intelligence (AI) technology*
  Residual likelihood has been decreased from likely to possible reflecting recent changes of AI policy and increased staff awareness regarding AI usage. The Residual risk has been reduced from High to Medium.

The following new risk has been added:

- *Risk 1231 – Failure to take advantages of opportunities presented by Artificial Intelligence (AI)*
  The inclusion of this risk acknowledges that, while Council must address misuse of AI, it must also proactively evaluate opportunities AI offers to service delivery, operational efficiency, decision-making and innovation. Failure to adopt an AI solution may result in missed productivity improvements, inconsistent use of AI across the organisation, limited staff capability and guidance on responsible AI use, and Council falling behind in leveraging emerging technologies. The overall risk is High.

### Emerging risk - H5 Avian Influenza

An emerging risk associated with H5 Avian Influenza (bird flu) continues to be monitored and particularly now there are confirmed cases in South Australian. The South Australian Government, through the Department of Primary Industries and Regions (PIRSA), has increased surveillance and testing across coastal, wetland and island locations. Council has established an internal working group to monitor developments, implemented staff awareness initiatives, and is following advice from relevant authorities. No changes to Council operations are required at this stage; however, the situation will continue to be monitored, and additional measures will be taken if required.

## 6. Financial implications

This report has no direct financial impact.

## 7. Risk and opportunity management

| Risk | |
|---|---|
| **Identify** | **Mitigation** |
| Employee welfare/public safety | This report has no direct impact on staff or public well-being. |
| Reputation/community expectation | This report relates directly to the delivery of the Community Plan and residents expect council to undertake a suitable level of risk management. |
| Political | This report has no direct impact on political relationships. |
| Financial/business sustainability | This report has no direct impact on financial or business sustainability. |
| Environment | This report has no direct impact on the environment. |
| Compliance/legal | Section 126 of the *Local Government Act 1999* provides the legislative mechanism of the Audit and Risk Committee. Risk management practices provide organisational value in identifying, mitigating, and mapping risks. |
| Service delivery | This report has no direct impact on service delivery. |

| Opportunity | |
|---|---|
| **Identify** | **Maximising the opportunity** |
| Risk Management | Conformance to the Risk Management Framework demonstrates the commitment of the council to sound governance practices and guides the organisation in its management of risks and decision making. The Corporate Risk Register has been developed to support the delivery of the Community Vision. |

## 8. Timelines and deadlines

Corporate Risk reporting will be provided on a biannual basis.

## 9. Next steps

Council will continue to monitor these existing risks and any new or emerging risks.

The Corporate Governance team will continue to provide support, oversight and guidance to the leadership team on the Corporate Risks.

## 10. Attachments

Attachment 1 – Corporate Risk Register – August 2026 (23 pages)

Attachment 2 – Corporate Risk Dashboard (1 page)

- END OF REPORT –

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Strategy, Engagement and Community** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 56 | **Ineffective response of the councils communications and media team, following a serious incident or event.** | Failed to respond to media deadline.<br>Time frame to respond is too short. (unrealistic deadline).<br>Senior management decision not to respond.<br>Expert not available for comment.<br>Approval process for communications take time.<br>Loss of access to social media accounts (e.g. cyber security breach). | Depending what type of event or incident, these can be emotionally charged situations, especially where a personal injury or fatality may be involved.<br>Consideration for family, friends and colleagues of any parties involved.<br>Comments must be carefully measured.<br>Short term reputational damage.<br>Individuals (e.g. Mayor and CEO) could be targeted with adverse media.<br>Sustained media pressure on brand and reputation.<br>Staff morale impacted across multiple worksites.<br>Reputational damage to the Council. | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Compliance/Legal | Minor | High | Crisis Management Plan | Crisis Media Plan (a specific described approach for dealing with media issues that are likely to have significant reputational impact, including the convening of relevant staff for media crisis meetings (initial and ongoing). | Effective | Described approach for dealing with media issues likely to have significant reputational impact. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Insignificant | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Moderate | High | Policy Process or Procedure | Media procedure (which guides our ongoing approach and approvals processes). Can be used in conjunction with the Media Crisis Plan.<br>24/7 dedicated media contact. Media officer holds phone. Media officer holds phone with a roster backup shared among qualified team members, in accordance with the Media Phone procedure. | Effective | Media procedure (which guides our ongoing approach and approvals processes). | | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Political | Minor | High | Project Planning | Live Media Calendar - Agendas and meetings regularly with managers to discuss the current issues on the table. | Majority Effective | We cant predict or prepare for every out come. But we can plan as much as possible by gather facts | | Political | Insignificant | Low | Yes |
| | | | | | Reputation/Community Expectation | Catastrophic | Extreme | Communication Strategy | External Commuications Roadmap develop for 25/26 with annual updates | Partially Effective | Reporting to DG sixmonthly | | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | | | | Investigations & Studies | 24hr Media Monitoring. Contractor (media monitor) provides Council with notifications via e-mail. E-mails can then be shared with employees who need to know the information. | Effective | Media monitoring allows Council to understand the current stories, identify issues and opportunities | | | | | |
| | | | | | | | | Reporting Schedules | Communications framework roadmap reporting | Effective | Reporting to DG sixmonthly | | | | | |
| | | | | | | | | Investigations & Studies | Crisis Management Team Exercise | Effective | Provides opportunity to test controls in place. | | | | | |
| | | | | | | | | Policy, Process or Procedure | Scripted responses prepared for outgoing messages during an emergency event. | Effective | Key messages are pre-scripted to reduce pressure on employees during an emergency. | | | | | |
| 57 | **Ineffective management of council's social media channels (e.g. Instagram, Facebook etc.).** | Compliance/legal: Defamation, privacy breaches, copyright violations, false statements, unapproved accounts, and missing account or access records.<br><br>Access and account control: Too many users have full admin rights. Access isn't always removed when staff leave, and credentials may be lost, shared, or tied to ex-staff or lost devices.<br><br>Authentication and login: Access can be blocked due to poor password management, lost authentication tools, or incorrect setup details.<br><br>Resourcing: No backup during leave. Loss of experienced staff can reduce capability and disrupt service.<br><br>Human error and conduct: Inappropriate posting, poor handovers, outdated registers, and accidental disclosure. | Loss of account access, publishing of inappropriate content, reputational and brand damage, legal and compliance risks, and public backlash.<br><br>Challenges include poor records management, inaccurate reporting, limited platform support, and difficulty tracing actions or managing logins.<br><br>Staff may face harm or account lockouts, and loss of key personnel can disrupt continuity and knowledge transfer.<br><br>Reputational damage to council and elected members. Loss of public trust. Potential legal or governance consequences. | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Compliance/Legal | Moderate | High | Dedicated staffing resources (Communications team and Customer Relations team) | Dedicated Team Leader Communications, social media advisor, and media advisor. Rostered customer relations staff as community moderators. Develop succession planning to minimise disruption of knowledge gaps. | Partially Effective | Dedicated resources may be overwhelmed due to growth of social mediia or loss of long-term specialist staff. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Moderate | Medium | Yes |
| | | | | | Employee Welfare/Public Safety | Moderate | High | Policy Process or Procedure (Media Procedure) | Media procedure. Update social media procedure to complement Public Social Media Policy and social media training for staff. | Partially Effective | Media procedure and social media guidelines, training, and procedure in place<br>Elected members must follow the relevant code of conduct and are provided with electronic communications guidelines. The LGA also provides video training in social media for elected members. | | Employee Welfare/Public Safety | Moderate | Medium | Yes |
| | | | | | Financial/Business Sustainability | Minor | High | Strategic objectives | External Commuications Roadmap develop for 25/26 with annual updates | Partially Effective | Reporting to DG sixmonthly | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Minor | High | Policy Process or Procedure (Issue Management Plan) | Communication "Issues Management Plan" template, escalation and approval process. | Partially Effective | Communication 'Issues Management Plan' template, escalation and approval process. | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | Extreme | Dedicated staffing resources (Customer Service) | Software to monitor and record messaging on social media, will meet the record management requirements. | Effective | Fully meets real-time records management requirements. | | Reputation/Community Expectation | Major | Medium | Yes |
| | | | | | | | | Information & Records Management | Customer Service Representatives are trained to monitor and respond to social media comments, questions and requests. Specific business units also have trained employees who can manage social media pages specific to business units. | Effective | Identifies potential customers and residents with needs, and Council is able to respond accordingly. | | | | | |
| | | | | | | | | Training and qualifications | Organisation specific online training provided and mandatory for all employees who use councils social media platforms as part of their role. | Effective | Enables employees to have a strong voice on social media, make opinions safely, improve content creation and improves community engagement. | | | | | |
| | | | | | | | | Third party agencies | External agencies must not establish council's social media pages and/or control authorised access. | Effective | The social media advisor creates new accounts and invites agency access, if required. | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Strategy, Engagement and Community** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 59 | **Failure to identify and manage risk for internally run community events, programs and activities.** | Failure by staff members to follow correct process and procedure.<br>Process and procedures not up to date.<br>Inadequate training provided.<br>Deliberate acts of disregard.<br>Event attendees not following instructions.<br>Adverse weather impacting safe event delivery | Council exposure to the possibility of incurring liability for an Event.<br>Insurance cost increases.<br>Public injury.<br>Security issues.<br>Financial costs etc.<br>Note this only covers Council owned and delivered events.<br>Event cancellation and budget impact | Likely: Will probably occur in most circumstances – several times a year. ↑ | Reputation/Community Expectation | Moderate | High ↑ | Risk Assessments & Plans (Individual Events) | Individual event Risk Assessments. | Effective | Individual event risk assessments. | Possible: Could be incurred within a one – two year period ↑ | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | | | | Policy Process or Procedure | Heat stress policy activated if needed. | Effective | Heat stress policy activated, if needed. | | | | | |
| | | | | | | | | Risk Assessments & Plans (Risk Management Plans) | Risk management plans | Partially Effective | The events team are currently working on an overarching RA. | | | | | |
| | | | | | | | | Event management | Event management plans. | Effective | Event management plans created. | | | | | |
| | | | | | | | | Contract & Agreement Management (Compliance from Contractors and Suppliers) | Compliance (i.e.: insurance, DCSI etc) from all contractors/suppliers. | Effective | Compliance (i.e.: insurance, DCSI etc) from all contractors/suppliers. | | | | | |
| | | | | | | | | Volunteer management and engagement (Briefing Sessions) | Volunteer and participant briefing sessions held.<br>Volunteer PDs signed. | Effective | Volunteer and participant briefing sessions held.<br>Volunteer PDs signed. | | | | | |
| | | | | | | | | Contract & Agreement Management (site inductions) | Site inductions for all contractors. | Effective | Site inductions held for all contractors. | | | | | |
| | | | | | | | | Volunteer management and engagement (Procedures) | Volunteer management procedure incl. DCSI checks secured by all volunteers and event staff | Effective | Volunteer management procedure incl. DCSI checks secured by all volunteers and event staff. | | | | | |
| 72 | **Unable to connect to Council Networks in community facilities.** | No or limited connectivity to wi-fi available.<br>No or limited connectivity to mobile phone networks.<br>Multiple sites rely on IT Systems at one centre.<br>External providers are responsible for some maintenance and service provision, such as Public Library Services for library Wifi and Public computers.<br>No or limited connectivity to council network | Loss of connectivity to IT systems for one or multiple sites.<br>Unable to deliver library services such as borrowing library material (ie(any service that requires One Card library management system)<br>Inability for remote sites to communicate with the rest of council or residents.<br>Poor customer service outcomes and experience.<br>Lost staff productivity (less efficient delivery of service).<br>Loss of income from major recreation facilities.<br>Potential closure of site | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Major | High | Crisis Management Plan (third party supplier) | Access to the software (ie Library Management System, library Wifi and Library public computers) is via a third party provider - Public Library Services (PLS) State Government, and their vendor. PLS have a disaster recovery plan in place if there is a state-wide outage.<br>Libraries have Wifi available through Public Library Services if council network affected<br>Libraries have wifi dongles available for staff<br>Libraries have emergency phones if no phone connectivity<br>Depending on the outage, library material can be loaned through offline modules on the library management system, however no returning of items available | Majority Effective | Can only be conducted for short time (resource intensive) | Unlikely: Could be incurred in a two - five year time frame ↓ | Employee Welfare/Public Safety | Minor | Low ↓ | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | Crisis Management Plan (offline modules) | Utilisation of offline modules for Check out of items to customers only if council network is available.<br>If no council network then utilisation of Libraries Staff WIFI for offline checkouts which is accessible for library specific tasks as library Wi-Fi is provided by Public Library Services | Effective | Utilise offline modules for Check out, PLS disaster recover plan for state-wide outages. | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Service Delivery | Moderate | High | Investigations & studies | IT Dept. currently investigating ways to improve connectivity at all centres. (Aldinga). Consultant employed to review. | Effective | Effective upon completion, as long as actions identified are implemented | | Service Delivery | Minor | Low ↓ | Yes |
| | | | | | Reputation / Community Expectation | Insignificant | Medium | Crisis Management Plan (out of hours support) | Out of hours / interruption management - External provider | Effective | Call centre - external provider switch operations.<br>Call centre employees to switch to working remotely if external provider is unable to provide | | | | | |
| | | | | | | | | Query escalation / investigation | Recommend residents to use online services - or recommend alternate site | Partially Effective | Directs residents to online service for expectation management | | | | | |
| | | | | | | | | Emergency Response Measures | Staff have mobile devices to enable them to maintain contact and escalate issues, this does not allow full business functionality though. | Majority Effective | Allows for safety reassurance and wellbeing checks, also allows for recovery process to start. | | | | | |
| 73 | **Failure to partner successfully with independent board(s) of management of community centres.** | Council failure to follow legislated requirements.<br>Breakdown in relationships between boards of management and Council staff in centres.<br>Community governance officer support not accessed by boards.<br>Failure to provide induction training (or regular update training).<br>Boards of Management are considered PCBU. | Breakdown in relationship and communications with boards.<br>Failure to appropriately manage centre operations.<br>Council reputational damage.<br>Negative media coverage.<br>Boards of Management hand back centre to Council.<br>Cost of running centre passed back to Council. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Minor | Low | Contract & Agreement Management | Partnership and management agreements are in place with boards of management of 5 independent community centres. | Effective | Partnership agreements and/or Management agreements are in place with partnering groups. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Moderate | Medium | Dedicated staffing resources (CDO) | Community Development Officer and CD Support Officer in place, to support boards of management. | Effective | Dedicated resource assists in meeting legislated requirements. | | Employee Welfare/Public Safety | Moderate | Medium | Yes |
| | | | | | Financial/Business Sustainability | Minor | Low | Dedicated staffing resources (CGO) | Community Governance Officer to provide governance support to boards of management. | Effective | Dedicated resource for assisting in the management of governance tasks | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Minor | Low | Policy Process or Procedure | Templates, policy and procedures in place to support boards of management. | Partially Effective | Use of these resources is optional, the effectiveness is dependent on individual boards choosing to adopt them. | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | Medium | External Audit | Meeting Australian service excellence standards (ASES) is a requirement of funding (every 3 years). | Effective | Identifies areas for improvement. | | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | Service Delivery | Minor | Low | Training and qualifications | Board of management induction training offered. | Partially Effective | Induction training is available but not consistently completed by all board members, limiting its effectiveness | | Service Delivery | Minor | Low | Yes |
| | | | | | | | | Dedicated staffing resources | Team leader attends regular board meetings. | Partially Effective | Understanding operations and creating a relationship. Attendance at board meetings depends on invitation and is not consistent | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Strategy, Engagement and Community** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 160 | **Potential safety issues for isolated workers at community facilities.** | Lone working conditions.<br>Aggressive behaviour<br>Accident (slip trip or fall).<br>Personal alarm failure.<br>Hours of operation.<br>Staff / volunteer shortage. | Personal Injury.<br>Emotional Well-being of staff. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Major | High | Policy Process or Procedure | Remote or isolated worker procedure. | Partially Effective | WHS Procedure scheduled for review in September 2026 | Possible: Could be incurred within a one – two year period. | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Political | Minor | Medium | Risk Review | Risk assessments based on activity undertaken | Majority Effective | Risk assessments identify physical and psychosocial hazards, supporting implementation of corrective actions and targeted risk mitigation measures. | | Political | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Insignificant | Medium | Security Measures (CCTV) | CCTV in all staffed community facilities. Blue duress lighting and duress systems installed/upgraded in community facilities, including TAFE and NOA libraries. | Partially Effective | CCTV provides monitoring and acts as a deterrent. Duress systems enable staff to quickly request assistance during threatening or violent incidents. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Minor | Medium | Training and qualifications | Dealing with aggressive behaviours. Dementia awareness. Suitably qualified staff. | Effective | Staff receive ongoing training to manage challenging behaviours, respond to psychosocial risks, and maintain a safe environment for staff and the community | | Service Delivery | Minor | Medium | Yes |
| | | | | | Compliance / Legal | Moderate | High | Dedicated staffing resources | Security contractors can be deployed to high-risk sites. Security improvements funded through the LGA incentive program. | Effective | Dedicated security resources and targeted security upgrades support staff safety at higher-risk locations. | | | | | |
| | | | | | | | | Security Measures (Ban for troublesome visitors) | Troublesome persons are barred from entering sites | Effective | Troublesome residents are kept away from sites. | | | | | |
| | | | | | | | | Human Resources Management | Park managers are on site office hours only. | Effective | Historically he majority of threatening and abusive behaviour towards staff is outside of office hours. | | | | | |
| | | | | | | | | Security Measures (Bans) | Ability to ban troublesome customers (after repeat events) who threaten staff or other visitor wellbeing. (Work with SAPOL to achieve this). | Effective | Bans prevent known troublemakers from attending site. | | | | | |
| | | | | | | | | Security Measures (CEPTED) | CPTED principles applied. Fencing in place to prevent access to library directly from nearby pub. Prevents issues with undesirable behaviour. Removal of benched seating from the front of the building. | Effective | CPTED principles prevent undesirable behaviours. | | | | | |
| | | | | | | | | Human Resources Management | Libraries - Two people onsite at all times and leaving site in pairs when last to leave (closing). | Effective | Staff are not alone at the site. | | | | | |
| | | | | | | | | Security Measures | Pendant alarms worn by employees | Effective | Instant alarm call out to security assistance. | | | | | |
| | | | | | | | | Policy Process or Procedure | Customer Access Restriction Procedure | Majority Effective | Customer Access Restriction Procedure updated to strengthen management of threatening and violent behaviours and is currently being released for consultation. | | | | | |
| | | | | | | | | Security Measures | Two way-radio to stay in contact with duty manager at NARC | Effective | Communication with onsite employees always available. | | | | | |
| 161 | **Loss of volunteers or low volunteer numbers.** | High number and frequency of programs and services provided.<br>Diversity of programs and services.<br>High reliance on volunteers to deliver services.<br>High demand for programs and services.<br>High demand for out reach services (for house bound people).<br>Illness. | Service delivery impacts (cancelled or postponed services).<br>Employee well-being.<br>Cost to cover volunteers with paid staff member.<br>Cancelled programs or service.<br>No outreach services provided. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Major | High | Human Resources Management | Volunteer management team | Effective | Help identify concerns or queries | Unlikely: Could be incurred in a two - five year time frame. | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Major | High | Policy Process or Procedure | Volunteer management policies and procedures | Effective | Documented expectations for volunteer management | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Service Delivery | Moderate | High | Dedicated staffing resources (Volunteer Coordinators) | Volunteer coordinators are in place for all volunteers | Effective | Dedicated staffing to management of volunteers | | Service Delivery | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | Dedicated staffing resources (Paid Staff) | Backup - paid staff do the role if volunteers are unable. | Effective | Limited staff numbers | | | | | |
| | | | | | Political | Minor | Medium | Information & Records Management | JP availability records - to assist if no JP service is available. | Effective | List available at all sites | | | | | |
| | | | | | | | | Human Resources Management | Vacancies in volunteer positions are advertised. | Effective | vacancies are filled quickly | | | | | |
| | | | | | | | | Training and qualifications | Training is available to up skill volunteers if required. | Effective | Up skill of volunteers to fill skill gaps is possible. | | | | | |
| 167 | **Failure to deliver appropriate club development and support programs.** | Staff resourcing.<br>Competing priorities. | Maladministration of clubs.<br>Reduced volunteer commitment.<br>Reduction of sustainability of clubs. | Possible: Could be incurred within one - two year period | Compliance/Legal | Moderate | Medium | Dedicated staffing resources | Club relations officers, and senior recreational co-ordinator. | Effective | Implementation of annual club development program | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Insignificant | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Minor | Medium | Training and qualifications | Council facilitate training to clubs. | Effective | Clubs benefit from relationship with Council. | | Employee Welfare/Public Safety | Insignificant | Low | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | Contract & Agreement Management | Back-up resourcing through 3rd party provider | Effective | Option available if and when required. | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Political | Minor | Medium | | | | | | Political | Insignificant | Low | Yes |
| | | | | | Service Delivery | Minor | Medium | | | | | | Service Delivery | Insignificant | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | Medium | | | | | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Strategy, Engagement and Community** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 168 | **Lack of qualified lifeguards and swim teachers available for recruitment.** | Lack of accredited applicants.<br>Lack of opportunity to become accredited.<br>Conditions offered may deter potential employees (EB agreement doesn't cover these workers).<br>Agency staff v's Council Employee (requires contract management). | Direct impact of daily operations and service offered.<br>No ability to deliver a safe swimming environment.<br>Loss of revenue. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Moderate | High | Contract & Agreement Management | Continual engagement with Randstad for recruitment of staff. | Majority Effective | Seasonal exposure to shortages | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | Training and qualifications | Onsite training will be given which will increase talent pool skill and availability | Effective | Training of employees removes need for finding fully skilled staff. | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Minor | Medium | Contract & Agreement Management | Leadership structure in place. Ensures stable working environment for employees. | Effective | Permanent staff on-site to effectively manage the aquatic centres. | | Political | Insignificant | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | | | | | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Minor | Medium | | | | | | Service Delivery | Insignificant | Low | Yes |
| 169 | **Ineffective management of Council Website.** | Non-accessible website.<br>IT backup and information storage not completed.<br>Failure to update of information.<br>Failure to update in timely manner.<br>Incorrect information posted.<br>Staff resourcing (key person risk).<br>Incorrect information posted.<br>Staff resourcing (key person risk). | Customers cannot contact Council.<br>Information unavailable. (rates, facilities, services, waste management)<br>Planning and development information not available.<br>Online community engagement does not happen.<br>Legal requirements missed for publishing agenda and minutes of council meetings. | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Compliance/Legal | Moderate | High | Dedicated staffing resources | Dedicated staff members manage online content | Effective | Multiple staff can undertake management of online content. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Insignificant | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Minor | High | Policy Process or Procedure | Procedures and standards for online content | Effective | Guides and instructions for online content. | | Employee Welfare/Public Safety | Insignificant | Low | Yes |
| | | | | | Financial/Business Sustainability | Insignificant | Medium | Contract & Agreement Management | Service level agreement with online provider (24/7) | Effective | 3rd party hosts website and ensures the system is available. | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Political | Minor | High | Segregation of duties | Work flow approvals needed before content goes live | Majority Effective | Some teams don't have to follow the process. | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Catastrophic | Extreme | Training and qualifications | Ad-hoc training given to users who need to provide content updates. | Effective | Training given to those who need it. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Minor | High | | | | | | Service Delivery | Insignificant | Low | Yes |
| 177 | **Failure to obtain on-going significant* external grants funding. (*high $ value that support multiple service delivery aspects).** | Change in government policy.<br>Change government personnel.<br>Failure to deliver on agreed grant deliverables and complete reporting.<br>Failure to resource grant applications and reporting.<br>Missing application deadlines.<br>Not realising grants are available.<br>Failure to successfully complete audit requirements (e.g. NDIS Audit, Aged Care Quality and Safety Standards or Australian service excellence standards).<br>Reduction or withdrawal of library funding | Potential loss of services. (such as community centres, disability provisions and home support).<br>Brand damage.<br>Residents at risk of not being able to access services.<br>Social impacts to community through non delivery of community capacity strategic plan.<br>FTE losses.<br>Council funding may be required to cover services. | Possible: Could be incurred within a one - two year period | Employee Welfare/Public Safety | Major | High | Dedicated staffing resources (Grants Officer) | Grants attraction officer in place to support all grants processes. | Effective | Role helps with application process and grant identification. | Possible: Could be incurred within a one – two year period. | Employee Welfare/Public Safety | Moderate | Medium | Yes |
| | | | | | Financial/Business Sustainability | Major | High | Reporting schedules | Regular reporting to document delivery progress. | Effective | Reporting schedules determined by grant structure. | | Financial/Business Sustainability | Moderate | Medium | Yes |
| | | | | | Political | Moderate | Medium | Information & Records Management | Systems that allow for documenting progress and success of grant delivery items. (The quarter, Visual Care, smarty grants etc.) | Effective | Allows for progress tracking and delivery reporting | | Political | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Moderate | Medium | Financial Reporting | Part of regular reporting, but also budget reporting through finance dept. | Effective | Allows for close monitoring of financial position. | | Reputation/Community Expectation | Moderate | Medium | Yes |
| | | | | | Service Delivery | Catastrophic | High | Service Reviews | Assess the success of current services provided and identify future opportunities. Allows for planning of future financing requirements. | Effective | Allows for planning of future financing requirements. | | Service Delivery | Catastrophic | High | Yes |
| | | | | | | | | External or internal body/group oversight | LGA Campaign how good are libraries | Majority Effective | Advocate campaign for increasing State Government funding | | | | | |
| | | | | | | | | External Audit | External audits, (NDIS audit, Australian service excellence standards ). Allow for identification of existing controls and improvements required. Audits needs to be passed to obtain funding. | Effective | Monitors controls that prevent missed opportunity for grant funding applications. | | | | | |
| | | | | | | | | Query escalation / investigation | Investigations if missed opportunity for grant application. | Effective | Allows for review of failed process and library board reporting.. | | | | | |
| | | | | | | | | Delegation of Authority | Authority is delegated to team leaders and relevant staff, to manage grant applications and ongoing relationships with funders, and potential stakeholders. | Effective | A key control to monitor grants application process. | | | | | |
| | | | | | | | | Dedicated staffing resources (Advocacy) | Advocacy of Councils programs with State Government | Effective | Council advocacy with state government ensures funding continues to be available. | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Strategy, Engagement and Community** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 1063 | **Community Centres transitioning from board management to council management** | Increased governance requirements for volunteer boards.<br>Reduced volunteer numbers onboard.<br>Managing legislative compliance in community centres requires a systematic approach to ensure that all relevant laws, regulations, and standards are adhered to. | Missed legislative requirements. | Possible: Could be incurred within a one – two year period. | Employee Welfare/Public Safety | Minor | Medium | Legislative Monitoring | Council has membership with Jobs Australia which provides regular legislative updates to leadership. | Effective | Established communication with relevant regulatory bodies or authorities. | Possible: Could be incurred within a one – two year period. | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Minor | Medium | Policy, Process or Procedure | Council maintains comprehensive documentation of all relevant procedures, policy and processes applicable to council managed community centres. | Effective | Policies and procedures align with legislative requirements. | | Reputation/Community Expectation | Minor | Medium | Yes |
| | | | | | Compliance/Legal | Moderate | Medium | Training and qualifications | Council provides training sessions and awareness programs for staff and volunteers to ensure they understand their responsibilities regarding compliance. | Partially Effective | Improvements are required in the training (re-on boarding) of staff. L&D are providing assistance to improve staff awareness and understanding. | | Compliance/Legal | Insignificant | Low | Yes |
| | | | | | Service Delivery | Moderate | Medium | Risk Review | A process is in place to identify potential compliance and governance risks and develop strategies to mitigate them. | Effective | Involve conducting risk assessments, implementing controls to reduce risks, and developing contingency plans for handling compliance breaches | | Service Delivery | Insignificant | Low | Yes |
| | | | | | | | | Volunteer Management and Engagement | Ensures that volunteers in the community centre comply with the relevant laws and regulations | Effective | As part of the transition process volunteer on boarding is undertaken by volunteer management. | | | | | |
| | | | | | | | | Code of Conduct | Terms of Reference developed for each advisory group to guide program and service delivery within a centre. | Effective | Provides a guide for the Advisory board. | | | | | |
| | | | | | | | | Dedicated Staffing Resources | Community Centre Coordinators (1 for board managed centres, 1 for council managed centres). Provide leadership of staff within centres. | Effective | Oversight and guidance from leadership is available. | | | | | |
| | | | | | | | | Dedicated Staffing Resources | Coordinator for board managed centres also provides governance support when required. | Effective | Allows time for sufficient planning of handover, including compliance requirements. | | | | | |
| | | | | | | | | Project Planning | At 3 months lead time occurs prior to transition of board managed centres to Council management | Effective | Preference is to have community centres board managed, | | | | | |
| | | | | | | | | Strategic Objectives | Council resolution (2018) preference to have board managed community centres. | Effective | Co-Coordinator provides oversight of governance functions | | | | | |
| 1088 | **Cyber Security breaches of Councils Social Media accounts** | Lack of multi-factor authentication, unsecured networks, and poor password practices.<br>Limited training or slow internal processes<br>Instagram risk due to shared access.<br>Session hijacking, keylogging, social engineering, and cloned pages.<br>Hacked or rogue staff accounts may be used to access council pages.<br>Platforms offer limited support for account recovery | Permanent loss of Instagram accounts, including name, followers, and historical content.<br>Reputational damage, community confusion, and loss of trust if hacked content is seen as authorised.<br>Possible financial costs (e.g. ransom), difficulty verifying identity to recover accounts, and inability to trace the source of the breach. | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Employee Welfare/Public Safety | Minor | High | Information & Records Management | Update Social Media Register to record which employees and agencies have access to each account.<br>Record real name and profile name if different.. | Partially Effective | Record of which staff members have access to Social Media Accounts is maintained. | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Minor | High | Management Oversight and Review | Staff access to council social media pages must be approved by a Manager. | Effective | Management oversight of roles with social media access | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Compliance / Legal | Moderate | High | Delegation of Authority | Administration level access is defined for certain employees, all other access levels given are task driven. | Effective | Administration level access supports continuity of access for council | | Compliance / Legal | Moderate | Low | Yes |
| | | | | | Service Delivery | Minor | High | Security Measures | Password standard and associated process is in place. | Partially Effective | A secure environment is maintained. | | Service Delivery | Minor | Low | Yes |
| | | | | | | | | Training and qualifications | Mandatory induction training for any employee who uses councils social media assets. | Effective | Any employee using the social media assets is informed of the correct process and policy. | | | | | |
| | | | | | | | | Training and qualifications | Training covers the process in place for social media account set-up | Effective | Employees are aware of the correct methodology to follow. | | | | | |
| | | | | | | | | Safety Measures | Staff are empowered to immediately change passwords, if notified of a potential security breach, without waiting for upline approval. | Ineffective | Limits the opportunity for hackers to take control of council accounts. | | | | | |
| | | | | | | | | Code of conduct | Employees must follow correct protocols and providers terms and conditions when registering to use councils social media accounts. | Effective | Ensures employees do not breach provider requirements or platform policies. | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Strategy, Engagement and Community** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 1089 | **The Noarlunga Aquatic and Recreation Centre** | Renewal work may not meet community expectations | Reduced access to swimming, exercise, and rehabilitation activities.<br>Potential impact on vulnerable groups (e.g. elderly, people with disabilities, school programs)<br>Loss of revenue from memberships, bookings, and programs.<br>Negative public perception, media scrutiny that Council has not delivery level of investement expected | Likely: Will probably occur in most circumstances – several times a year. ↓ | Employee Welfare/Public Safety | Major | High ↓ | Communication strategy | Noarlunga Aquatic Centre YourSay Page has been created to share the latest project information. | Majority Effective | FAQ section addressing common community concerns, project updates and the list and map of alternative pool facilities | Unlikely: Could be incurred in a two - five year time frame. ↓ | Employee Welfare/Public Safety | Minor | Low ↓ | Yes |
| | | | | | Reputation/Community Expectation | Major | High ↓ | Community Engagement | External engagement with NAC user groups | Majority Effective | Package of information was sent to all pool members, registered contacts for swim students, the Department for Education, local schools, Swimming SA, Southern Performance Swim School, and other stakeholders | | Reputation/Community Expectation | Minor | Low ↓ | Yes |
| | | | | | Political | Major | High ↓ | Dedicated staff resource | Contact point listed on the website | Majority Effective | Information provided on the council website | | Political | Minor | Low ↓ | Yes |
| | | | | | Financial/Business Sustainability | Moderate | High | Project Planning | Project management for the renewal work | Majority Effective | Project managed by Constructions and Projects Team | | Financial/Business Sustainability | Moderate | Medium ↓ | Yes |
| | | | | | Compliance / Legal | Minor | Medium | | | | | | Compliance / Legal | Minor | Low ↓ | Yes |
| | | | | | Service Delivery | Major | High ↓ | | | | | | Service Delivery | Moderate | Medium ↓ | Yes |
| 1230 | **Rising costs for management and delivery of community owned sport and recreation facilities** | Increasing costs to run community owned recreation facilities placing pressure on volunteers, and sustainability of clubs at these sites | Community owned clubs are unable to manage facilities on behalf of community – impact on facility condition, volunteer and player recruitment and retention.<br>Places potential increased demand on Council including financial and resourcing input | Unlikely: Could be incurred in a two - five year time frame. | Reputation/ community expectation | Minor | Low | Annual clubs health check | Consideration of appropriate support levels for community owned sport and recreation facilities | Effective | Continue to monitor through multi-use sporting facilities annual health checks | Unlikely: Could be incurred in a two - five year time frame. | Reputation/Community Expectation | Minor | Low | Yes |
| **Operations** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 76 | **Major coastal cliff collapse.** | Storm Surges (adverse weather).<br>Building or installing assets on or near coastal edges.<br>Rock Type (softer ground more likely to erode).<br>Failure to install and maintain sea defences.<br>Wave backwash and tide movement. | Council exposed to significant expenditure for repairs or stabilisation.<br>Potential injury to the public and public scrutiny.<br>Potential damage to Councils assets.<br>Potential future capital works requirement.<br>Localised Environmental impacts.<br>Localised Public Health issues.<br>Local wildlife habitats damaged. | Possible: Could be incurred within a one – two year period. ↑ | Employee Welfare/Public Safety | Insignificant | Low | Asset Management Plans | Comprehensive (risk based) coastal management plan. | Effective | Comprehensive (risk based) coastal management plan . | Possible: Could be incurred within a one – two year period. ↑ | Employee Welfare/Public Safety | Insignificant | Low | Yes |
| | | | | | Environment | Moderate | Medium ↑ | External or internal body/group oversight | Coastal Management Branch and Coastal Protection Board. Relationship is ongoing. | Effective | Coastal Management Branch and Coastal Protection Board.<br>Approve funding for works to be completed. Key stakeholders for works on the coast. | | Environment | Moderate | Medium ↑ | Yes |
| | | | | | Financial/Business Sustainability | Moderate | Medium ↑ | Investigations & studies | Urgent Action Cliff Stability Plan. Also Coastal study has been done. | Effective | Urgent Action Cliff Stability Plan. Also Coastal study has been done. | | Financial/Business Sustainability | Moderate | Medium ↑ | Yes |
| | | | | | Reputation/Community Expectation | Moderate | Medium ↑ | Crisis Management Plan | Make area safe - Civil Maintenance Priority. | Effective | Initial assessment and data gathering to determine course of action. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Minor | Low | Inspections | 6 Weekly inspections - Warning signage is checked and the area is reviewed. Designed to ensure residents are warned of hazards. | Effective | Identifies if signage is adequate and clearly displayed. | | Service Delivery | Minor | Low | Yes |
| | | | | | | | | Maintenance Schedule | Capital Works planning. Infrastructure planning. | Effective | Planning for infrastructure placement and replacement. | | | | | |
| | | | | | | | | Inspections | Aerial survey mapping. | Effective | Allows for monitoring of erosion on large scale. | | | | | |
| 80 | **Disturbance of culturally significant artefacts or sacred site.** | Capital works undertaken in high risk areas by Council (or Council contractor).<br>Planting works undertaken by Council.<br>Creek restoration / maintenance and coastal maintenance.<br>Failure to follow legislation and Council procedures. | Cultural heritage act breach.<br>Community backlash.<br>Negative media coverage.<br>Relationship with First Nations People (and associated groups) damaged.<br>Legislative breaches. | Possible: Could be incurred within a one – two year period. | Financial/Business Sustainability | Minor | Medium | Policy Process or Procedure | Policies and procedures to prevent. provides guidance for engagement with subject matter experts. | Effective | Policies and procedures in place to prevent an incident. | Possible: Could be incurred within a one – two year period. | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Political | Minor | Medium | Crisis Management Plan | Defined process to manage a cultural heritage artefact discovery. | Effective | Crisis Management Plan response to an incident. | | Political | Insignificant | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | Medium | Project Planning | Project planning and controls to prevent event occurring. | Effective | Project planning and controls in place to prevent an event. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | | | | Community Engagement | Consultation - AARD (Aboriginal Affairs and Reconciliation Division). | Effective | Consultation - AARD (Aboriginal Affairs and Reconciliation Division). | | | | | |
| | | | | | | | | Policy Process or Procedure | Tree planting form and review process. | Effective | Review of tree planting sites for heritage considerations prior to planting. | | | | | |
| | | | | | | | | External or internal body/group oversight | First Nations advisory group - Sharing of information to share awareness of council activity. Relationship building opportunities. | Effective | Allows for consultations and communications | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Operations** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 153 | **Council fails to ensure employees are adequately trained for their role. (Licences, certifications and qualification are needed to carry out certain tasks).** | Employee Conducting task not adequately trained or qualified<br>Appropriate on-boarding or employment processes not conducted.<br>Failure to assess competency.<br>Inability to review training information and data. | Personal injury / accident.<br>Public liability claims.<br>Safe-work investigations.<br>Potential legal costs.<br>Legislation breaches.<br>Enforceable undertakings.<br>Industrial impacts (union actions)<br>Industrial impacts (performance management process)<br>Council, and third party property damage. | Possible: Could be incurred within a one – two year period. | Compliance/Legal | Major | High | Training and qualifications (on-boarding process). | New staff inductions and pre-screening checks | Majority Effective | Allows for checking of qualifications and competency testing. HR Records process. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Moderate | Medium | Legislative monitoring | Certain tasks require formal qualifications | Majority Effective | Legal requirements and industry standards to ensure safety and well being. | | Employee Welfare/Public Safety | Insignificant | Low | Yes |
| | | | | | Service Delivery | Moderate | Medium | Safety Management System | Policy, procedure and framework (risk assessment, and management policy). | Majority Effective | Expected culture is documented | | Service Delivery | Insignificant | Low | Yes |
| | | | | | | | | Code of conduct | Adherence to WHS policy is in code of Conduct. This control is performance management for any staff not meeting obligations | Majority Effective | Expectations of staff are well known / documented | | | | | |
| | | | | | | | | Compliance Reviews | Verification of competency | Effective | Assists in identification of non-compliance. | | | | | |
| | | | | | | | | Training and Qualifications (pre-work checks) | Regular training is given, JHAs are conducted onsite to identify risks and controls which includes appropriately trained and qualified staff. | Effective | Pre Work checks | | | | | |
| | | | | | | | | Training and Qualifications (Buddy Systems) | Buddy system in place for new / unexperienced staff. | Effective | Experienced operators provide guidance and instructions. | | | | | |
| | | | | | | | | Inspections | WHS Safety Audit - Monthly. | Effective | Monthly checks that correct process / policy is being followed. WHS & HSR work with co-ordinator. | | | | | |
| | | | | | | | | Validation Reports | One Council Learning and Development module. | Effective | Allows people leaders to monitor outstanding employee training requirements | | | | | |
| | | | | | | | | Training and Qualifications | One Council Learning and Development module. Provides training plans and legislative compliance, | Effective | Training plans for employees can be put in place and allows for communications of non-attendance at training. | | | | | |
| 154 | **Council employees (working in the field) are subject to threatening behaviours from residents.** | Aggressive or disgruntled residents.<br>Failure to meet customer expectations.<br>Unpopular decision making.<br>Perceived or actual actions of employees. (Pay rises for staff, rate rises etc.).<br>Perceived or actual actions of elected members.<br>Failure by Employees or Elected Members to adhere to standards and behaviour expectations.<br>Accidental damage to residents property. (pipes, fence, vehicle).<br>Unpopular Rates rises (payments due). | Staff well-being threatened.<br>Councils relationships with community damaged.<br>Council reputation damaged.<br>Adverse media coverage. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Minor | Medium | Query escalation / investigation | Customer service / relationship building | Effective | Clear process for complaints management. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Minor | Medium | Training and qualifications | Tactical training and soft skills. | Majority Effective | Up skill staff in customer service skills | | Reputation/Community Expectation | Insignificant | Medium | Yes |
| | | | | | Service Delivery | Minor | Medium | Policy Process or Procedure | anaging difficult behaviours policy (Threatening Behaviour procedure) and training. | Majority Effective | Staff guide for dealing with difficult customers | | Service Delivery | Insignificant | Medium | Yes |
| | | | | | | | | Code of conduct | Code of conduct governs Staff and EM behaviour | Majority Effective | Sets out expectations for staff and EM behaviour | | | | | |
| | | | | | | | | Security Measures | Duress alarm and Phone apps. | Effective | Alert others to undesirable situation. | | | | | |
| | | | | | | | | Human Resources Management | Buddy systems for work in higher risk locations. | Effective | Having two members of staff on site provides extra security and comfort for workers. | | | | | |
| | | | | | | | | Validation Reports | Sky-trust reporting of aggressive resident behaviour (near miss reporting). | Effective | Allows for reporting of incidents / potential incidents | | | | | |
| 157 | **Prolonged reduced budget will prevent adequate service levels being met.** | Financial austerity.<br>Age of assets.<br>Contracting efficiency. | Reduction to asset value.<br>Increased risk to community (trip hazard and flooding).<br>Reputation damage.<br>Staff resourcing.<br>Drop in amenity of city. | Possible: Could be incurred within a one – two year period. | Compliance/Legal | Minor | Medium | Asset Register | Asset register states how Council will renew and maintain assets and how much money is needed to do it. | Effective | Allows for documentation of asset renewal processes | Possible: Could be incurred within a one – two year period. | Compliance/Legal | Minor | Medium | Yes |
| | | | | | Employee Welfare/Public Safety | Moderate | Medium | Strategic Objectives | Strategic Asset Management Plan. | Effective | Strategic Oversight is provided | | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Financial/Business Sustainability | Catastrophic | High | Legislative Monitoring | Adherence to legislation S122 LGA 1999 | Effective | Allows Council to monitor its own compliance within legislation | | Financial/Business Sustainability | Moderate | Medium | Yes |
| | | | | | Political | Minor | Medium | External or internal body/group oversight | ESCOSA oversight and regulation (will be coming soon). Ombudsman is currently in place for any concerns management. | Effective | Allows for oversight of Councils activity | | Political | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Moderate | Medium | | | | | | Reputation/Community Expectation | Minor | Medium | Yes |
| | | | | | Service Delivery | Minor | Medium | | | | | | Service Delivery | Minor | Medium | Yes |
| 165 | **Council is not able to retain adequately trained staff.** | Non-competitive salaries offered for roles.<br>Construction and engineering sector job market changes.<br>Specific skills and experience requirements in Local Government settings.<br>Staff motivation to uptake different roles. | Not enough staff to conduct works as planned.<br>Inability to deliver work programs.<br>Additional training and upskilling requirement.<br>Requirement to use contractors at higher rates. | Possible: Could be incurred within a one – two year period. | Employee Welfare/Public Safety | Minor | Medium | Training and qualifications | Training and succession planning for key roles | Partially Effective | Allows for staff development to fill roles required | Unlikely: Could be incurred in a two - five year time frame. | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | Human Resources Management | Use of contractors and consultants to supplement workforce as required | Partially Effective | Allows for gaps in skills to be covered. | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Service Delivery | Major | High | Project Planning | Budget contingency for contracted staff to complete projects. | Effective | Allows for projection of number of contracted staff used | | Service Delivery | Minor | Low | Yes |

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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Operations** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 179 | **Council cannot attract applicants for roles that require technical skills.** | Council is not seen as an employer of choice.<br>Conditions and pay rates offered are not competitive with requirements for skill sets.<br>Decline in new students entering engineering tertiary education.<br>Narrow criteria for applicants. (Must have specific skills).<br>Lack of resourcing to train new staff members without skills and experience.<br>Delegations and qualifications for sign off required. | Council not able to fill critical roles.<br>Applicants do not have necessary transferable skills and can only complete partial tasks.<br>Employment of people with partial skills can erode the quality of work.<br>Infrastructure delivery impacted.<br>More emergency situations.<br>More mistakes occur.<br>More reactive works rather than planned activity.<br>Unable to rely on individuals experience for quality decision making. | Possible: Could be incurred within a one – two year period. | Employee Welfare/Public Safety | Moderate | High | Project Planning | Documented processes implement good controls on decision making. | Majority Effective | Still require manual processes | Unlikely: Could be incurred in a two - five year time frame. | Employee Welfare/Public Safety | Moderate | Medium | Yes |
| | | | | | Financial/Business Sustainability | Major | High | Human Resource Management | Allocate training, ensure job shadowing, allow for inter-team collaborations. | Requires Significant Improvement | Not ideal to continue this control in the long term - limited time and budget | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | Project Planning | Workforce Plan in place. | Effective | Allows for analysis forecasting, planning of workforce supply and demand and the assessment of gaps. | | Reputation/Community Expectation | Moderate | Medium | Yes |
| | | | | | Political | Minor | Medium | | | | | | Political | Minor | Low | Yes |
| | | | | | Service Delivery | Major | High | | | | | | Service Delivery | Major | Medium | Yes |
| 824 | **Council construction supply chain failure.** | Supplier failures. (e.g. bankruptcy)<br>Multi layer supplier requirements for provision.<br>Product demands (other purchasers have higher priority than Council).<br>Product unavailability.<br>Product base price increase.<br>COVID impacts on personnel.<br>Emergency events (flood fire earthquake).<br>Economic changes.<br>Legislation changes.<br>Standard of product being purchased drops below required standard. | Contract cancellations.<br>Lower quality (inferior) products used.<br>Non-optimised spending (not spending as planned).<br>Extra costs to find alternate supply.<br>Undelivered goods (paid for).<br>Project delays.<br>Not meeting community expectations on delivery of projects.<br>Not fulfilling stakeholder and partner requirements (e.g. state gov funded projects). | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Minor | Medium | Procurement Process | Contractors are assessed for demonstrated ability to perform in the construction industry. Prior to contract award. | Effective | Allows for Council to scrutinise potential contractors. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Financial/Business Sustainability | Moderate | High | Financial Controls | On entering contracts we obtain a bank guarantee prior to work starting (5% of value of contract). | Effective | Allows for recovery of some finances should a Contactor fail to deliver the works. | | Financial/Business Sustainability | Moderate | High | Yes |
| | | | | | Political | Major | High | Investigations and Studies | Monitoring of contractor performance during delivery of project. Prevents payment of non-valid variations. Council is well placed to complete the remaining works should a contractor fail to deliver. | Effective | allows for detection of delays and other contributing factors to this risk. | | Political | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | Strategic Objectives | Construction contracts have strategic delivery plans in place. This states clearly what contractors are responsible for and when. | Effective | Allows for accountability. | | Reputation/Community Expectation | Insignificant | Medium | Yes |
| | | | | | Compliance / Legal | Minor | Medium | Reporting Schedules | Regular reporting to public and funding partners direct or via Council of project progress. E.g. Quarterly reporting (incremental updates). | Effective | Reporting makes sure Councils activity is transparent and highlights emerging risks. | | Compliance/Legal | Minor | Medium | Yes |
| | | | | | Service Delivery | Insignificant | Medium | Management oversight and review | Escalation of matters of concern that may influence decision making. Allows for discussion and planning for adverse effects of risk. | Effective | Allows for escalation of risks and concerns. | | Service Delivery | Insignificant | Medium | Yes |
| | | | | | | | | Crisis Management Plan | Return to market for new contractor. Tender process and normal procurement policy. Policy allows flexibility if an open market assessment has been conducted. Close market approach is allowed to expedite. | Effective | Allows Council to find a suitable replacement contractor. | | | | | |
| | | | | | | | | Project Planning | During the project planning phase, contingency amounts are predicted and budgeted for to allow for variations and delays in project delivery. | Effective | Allows Council to absorb low levels of over-spend and delay | | | | | |
| 847 | **Noarlunga Centre Office or FOC loss of power.** | SA Power networks supply / infrastructure failure.<br>Generator failure (Lack of fuel. Lack of maintenance).<br>Frequent power outages in quick succession. | Staff unable to use onsite power resulting in reduced service levels.<br>Data Centre server failure.<br>Data Centre Air Conditioner failure.<br>Immunisation Fridges failure.<br>PABX & Comms lost.<br>Postponement of Council Meetings. | Possible: Could be incurred within a one – two year period. | Service Delivery | Minor | Medium | Maintenance Management Plan | Generator maintenance and testing schedule in place. | Effective | Fortnightly testing of generator and after hours procedure and alarm notifications for generator failure. | Unlikely: Could be incurred in a two - five year time frame. | Service Delivery | Insignificant | Low | Yes |
| | | | | | | | | Emergency Response Measures | Generator starts when SA Power Networks supply fails. | Effective | Ensures consistent power supply | | | | | |
| | | | | | | | | Communication strategy | Media and Communication to residents to advise of limited capacity | Effective | Sets customer expectations. | | | | | |

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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Operations** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 1177 | **Waste Management - Costs** | External factors have a large influence on costs impacting waste collection services being fuel, waste levy and legislation change.<br><br>With an ever expanding community we continually face upward pressure on service delivery costs.<br><br>Contract management and planning is also crucial to establish strong foundations within contractual services to minimise cost pressure and maximise benefits for our community | Increased costs flow through into higher cost for user pay services and higher rates to fund operational budgets for core service delivery.<br><br>This also impacts ratepayer sentiment towards council. | Likely: Will probably occur in most circumstances – several times a year. | Financial/Business Sustainability | Major | High | Dedicated staffing resources | Contract surveillance implemented with dedicated role for waste management contracts | Effective | Ongoing dedicated role monitors contractual services inline with KPI's and continually looks for ways to drive efficiencies across the services. | Likely: Will probably occur in most circumstances – several times a year. | Financial/Business Sustainability | Major | High | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | Policy Process or Procedure | Procurement of contracts including internal benchmarking of internal services | Effective | Internal benchmarking provides an ability to hold contractors accountable for service delivery costs and the knowledge gained from internal services enables KPI's to be established and used to maximum effect | | Reputation/Community Expectation | Moderate | High | Yes |
| | | | | | Service Delivery | Major | High | Policy Process or Procedure | Advocacy plan | Partially Effective | We continue to advocate for legislative change that will enable us to match services to our communities needs.<br><br>We also advocate for stronger product stewardship scheme's to tackle the issue at the front end rather than leaving it up to council and communities. | | Service Delivery | Major | High | Yes |
| | | | | | | | | | Procurement of vehicles, consideration is applied to alternate use and back up for core services.<br><br>Step change is also planned and forecasted to ensure efficient and effective service delivery to match growing region | Partially Effective | Correct planning ensures to have the right tools and the right number to efficiently manage collection services keeping plant utilisation at the forefront to ensure vehicles do not sit idle and underutilised | | | | | |
| **Corporate and Commercial** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 60 | **Councils commercial activities could put Council in direct commercial competition with local business.** | Failure to properly assess the risks associated with Councils business initiatives.<br>Ongoing Commercialisation agenda.<br>Failure to undertake suite investigations and reviews of other businesses. | Council could be seen to be competing commercially with local business for certain commercial activities. | Possible: Could be incurred within a one – two year period. | Reputation/Community Expectation | Minor | Medium | Strategic Objectives | Ongoing review of commercialisation agenda. | Effective | Ongoing review of commercialisation agenda. | Possible: Could be incurred within a one – two year period. | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | | | | Risk Assessments & Plans | ID of any new risks associated with new activity. | Effective | ID of any new risks associated with new activity. | | | | | |
| | | | | | | | | Compliance review and updates | Compliance review and updates. | Effective | Compliance review and updates. | | | | | |
| 65 | **Lack of employee awareness of contract management policies, processes and procedures, leading to a failure to effectively manage contractors.** | Lack of employee awareness of procurement process and procedure.<br>Non-compliance with procurement process. | Limited ability to verify compliance and performance levels of contractors used by council.<br>Ombudsman and ICAC investigation.<br>Staff performance management.<br>Projects not completed in line with resident expectations.<br>Reputational impacts to Council. | Possible: Could be incurred within a one - two year period | Compliance/Legal | Major | High | Contract & Agreement Management | Standard templates supported by the OneCouncil contract module | Effective | Provides effective means to manage contracts and a centralised respository | Unlikely: Could be incurred in a two - five year time frame | Compliance/Legal | Major | Low | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | Policy, Process or Procedure | Contract Management Policy and Procedure in place. | Effective | Contract Management Policy and Procedure last reviewed March 2024. | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Minor | Medium | Financial Reporting | One Council contract module provides oversight. | Effective | System allows for greater visibility of procurement process and removes need for double handling. | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | High | Dedicated staffing resources | Procurement staff available to support and provide advice relating to contract management. | Effective | Control is effective. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Moderate | Medium | | | | | | Service Delivery | Minor | Low | Yes |
| 75 | **Council workers using private vehicles for council business.** | Extraordinary event requiring council response (e.g. storm).<br>Manager level support required out of hours.<br>Council functions / Civic functions out of hours.<br>Taking own vehicle to meetings / engagements.<br>Environmental Heath and community staff, Governance after Council meetings.<br>Council employees do not follow correct process. | Risk of personal injury as a result of an accident.<br>Potential liability costs (replacement of vehicle / injury / fatality).<br>Insurance excess and increased premiums. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Minor | Medium | Equipment and vehicle use | Fleet vehicles are available during normal business hours and a small selection of vehicles are now on 24hr pool. | Effective | Fleet vehicles are available during normal business hours. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | Insurance | Insurance - Journey Insurance | Partially Effective | Does not cover travel in work hours, only to and from work. | | Financial/Business Sustainability | Insignificant | Medium | Yes |
| | | | | | Compliance / Legal | Moderate | High | Policy Process or Procedure | Grey fleet requirement - Procedure for use of own car for Council business | Partially Effective | WHS team to review procedure in 2024/25 | | | | | |
| | | | | | | | | Policy Process or Procedure | Approval for use of private vehicles is also sought from the manager prior to private vehicle use. | Effective | Leaders provide guidance for correct process to follow if using own vehicle. | | | | | |
| | | | | | | | | Policy Process or Procedure | Grey Fleet Log Sheet (Doc Set ID 4661654) | Effective | Employees document use of their own vehicle for work purposes. | | | | | |
| | | | | | | | | Policy Process or Procedure | Grey Fleet Vehicle Agreement (Doc Set ID 4358410) Checklist for agreement to use own vehicle. | Partially Effective | It is effective if used, however the application of the procedure and checklists is sporadic and not monitored for completion. | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Corporate and Commercial** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 77 | **The Water Business Unit (WBU) systems are not financially sustainable.** | Insufficient water - climatic conditions, storage harvesting challenges<br>Scale of operations<br>Sale price of recycled water<br>Operating and asset management costs | Service Disruptions<br>Public Health Risks<br>Environmental Damage<br>Regulatory Non-Compliance<br>Increased operational costs<br>Infrastructure Degradation<br>Economic impacts on community.<br>Erosion of public trust<br>Social inequity<br>Loss of funding opportunities<br>Increased water rates<br>Reduced investment in innovation. | Likely: Will probably occur in most circumstances – several times a year. | Financial/Business Sustainability | Moderate | High | Financial controls | Council has developed long-term financial plans that account for all operational, maintenance, and capital expenditure needs and has a multi-year budget (long term budget) to ensure consistent funding for essential projects and maintenance activities. .<br>Funding has been secured to increase scale through supply of additional water. | Partially Effective | Councils LTFP is not specific enough to provides a structured approach to allocating resources, forecasting future financial needs, and ensuring sufficient funding for maintenance, operations, and capital investments, thus preventing financial shortfalls and ensuring continuous service delivery. | Possible: Could be incurred within a one - two year period | Financial/Business Sustainability | Moderate | Medium | Yes |
| | | | | Reputation/Community Expectation | Insignificant | Medium | Financial controls | Council has established cost recovery mechanisms, such as user fees and tariffs, to ensure that water and wastewater services are self-sustaining. Council regularly reviews and adjusts these rates to reflect the true cost of service delivery and maintain financial viability. | Partially Effective | Revenue generated from user fees and tariffs covers the operational and maintenance costs, promoting financial sustainability and reducing reliance on external funding. SA Water mains pricing provides effective ceiling. Pricing reviewed for 25/26. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | Political | Minor | Medium | Asset Management Plans | Council maintains a detailed asset management plan that prioritises infrastructure investments based on condition assessments and criticality. Asst management plans are aligned with financial planning and budget availability. | Requires Significant Improvement | Allows council to prioritise and plan essential infrastructure investments, ensuring that resources are allocated effectively for long-term sustainability and preventing costly emergency repairs and system failures. Development of asset management plan to occur in 25/26 | | Political | Minor | Medium | Yes |
| | | | | Service Delivery | Minor | Medium | Financial controls | Council actively seek grants, and other funding opportunities from federal, state, and private sources to supplement funding. Council makes strong grant applications and maintains good relationships with funding agencies. | Effective | Grants provide additional financial resources to support infrastructure projects and upgrades, reducing the financial burden on council budgets | | Service Delivery | Minor | Medium | Yes |
| | | | | | | | Procurement Process | Council invests in technologies and practices that improve operational efficiency and reduce costs, such as energy-efficient equipment and process optimisation. | Effective | Reduces operational costs and improves resource utilisation. | | | | | |
| | | | | | | | Community Engagement | Council engages with the community to explain the financial needs of water and wastewater systems and the rationale behind rate adjustments. Council provides transparency through regular updates on financial status, planned projects, and the benefits of investments. | Effective | Transparency builds community support, and help stakeholders understand the importance of investing in water and wastewater systems, this can lead to greater acceptance of rate adjustments and funding measures. | | | | | |
| | | | | | | | Maintenance Management Plan | Council has strong governance structures to ensure effective oversight of financial management practices of the WBU and CWMS.<br>Council regularly engages the Elected body and relevant stakeholders in regular reviews of financial performance and strategic planning | Partially Effective | Ensures effective management of financial resources, and facilitates strategic decision-making to prioritise investments. Will be further informed by development of asset management plan in 25/26. | | | | | |

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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Corporate and Commercial** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 78 | **Failure to adequately manage Community Waste Management Systems (CWMS network)** | Lack of adequate asset management planning<br>Inadequate asset information | Public Health impacts.<br>Environmental impacts.<br>Legal and regulatory.<br>Financial costs.<br>Reputation damage.<br>Social impacts<br>Infrastructure degradation / failure | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Compliance/Legal | Moderate | High | Asset Management Plans | Council and contractror Trility has established preventive maintenance schedules for all water infrastructure, including treatment plants, pipelines, and pumping stations, to prevent equipment failures and ensure reliable operation. Council conducts regular inspections and asset assessments to identify maintenance needs and prioritise repair and replacement activities. | Effective | Helps to identify and address potential issues before they escalate into costly failures, ensuring the reliability, longevity, and performance of critical assets. Trility asset management in place for CWMS. | Unlikely: Could be incurred in a two - five year time frame | Compliance/Legal | Minor | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Catastrophic | Extreme | Asset Register | Council has implemented asset management systems to track the condition, performance, and life-cycle of water and wastewater infrastructure assets and uses data-driven decision-making to allocate resources effectively and optimise maintenance strategies based on asset condition and criticality. Trility has asset management plan, Onkaparinga's under development. | Partially effective | Provides comprehensive visibility into asset condition, performance, and life-cycle, enabling proactive maintenance, optimisation of resources, and informed decision-making to prevent failures and maximise asset value | | Employee Welfare/Public Safety | Moderate | Medium | Yes |
| | | | | | Environment | Moderate | High | Compliance Reviews | Council has developed compliance monitoring programs to ensure adherence to regulatory standards for water quality, discharge limits, and environmental protection. Council conducts regular audits and inspections to verify compliance with operating permits and regulatory requirements. | Effective | Ensures adherence to legal requirements, mitigates the risk of penalties or fines for non-compliance, and promotes the implementation of best practices to maintain asset integrity and reliability. | | Environment | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Moderate | High | Risk Review | Council conducts comprehensive risk assessments to identify potential threats (such as aging infrastructure, climate change impacts, and natural disasters) to water infrastructure and uses the assessments to prioritise mitigation efforts and strategies. CWMS contractor, Trility, also has well established risk management systems. | Effective | Proactive identification of potential threats, allows for prioritised mitigation efforts, and minimises the likelihood and impact of asset failures, ensuring the resilience and reliability of critical infrastructure. Trility asset management in place. Council under development in 25/26 | | Financial/Business Sustainability | Moderate | Medium | Yes |
| | | | | | Political | Moderate | High | Crisis Management Plan | Both Council and CWM contractror Trility have emergency response (crisis management) plans for its water and wastewater systems to effectively manage and mitigate the impacts of unforeseen events, such as equipment failures, chemical spills, and natural disasters. regular drills and training exercises are practiced to ensure readiness to respond to emergencies. | Effective | Provides a structured framework for addressing unforeseen events, minimising disruptions, and swiftly restoring operations, safeguarding assets and infrastructure from further damage or degradation. | | Political | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Catastrophic | Extreme | Training and qualifications | Council provides ongoing training and professional development opportunities for staff involved in water and wastewater operations, maintenance, and management. This ensures staff are knowledgeable about regulatory requirements, safe operating practices, and emergency response procedures. CWMS contractor, Trility, ensures all staff have appropriate qualifications and training. | Effective | Employees that are skilled, knowledgeable, and prepared to manage and maintain assets effectively, reduce the likelihood of errors and enhance operational reliability. Established training and qualifications in place for CWMS. Less formalized for WBU | | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | Service Delivery | Catastrophic | Extreme | Compliance Reviews | Council has implemented a performance monitoring system to track performance indicators related to water infrastructure maintenance, reliability, and compliance. A regular report on maintenance activities, asset condition, and compliance status is made to council members, regulators, and the public. The Office of the Technical Regulator undertakes audits of our SRTMP. | Effective | Provides ongoing insights into asset performance, enabling early detection of issues, informed decision-making, and timely interventions to prevent failures and optimize asset management. | | Service Delivery | Moderate | Medium | Yes |
| | | | | | | | | Financial controls | Council allocates sufficient funding for water infrastructure maintenance, rehabilitation, and replacement in council"s budget.<br>Council develops long-term financial plans and capital improvement programs to ensure sustainable funding for infrastructure maintenance and upgrades. | Partially Effective | Adequate resources are allocated for maintenance, upgrades, and replacements, preventing deterioration, enhancing reliability, and extending the lifespan of critical assets. | | | | | |
| | | | | | | | | External or internal body/group oversight | Partnerships with other government agencies, utilities, industry associations, and academic institutions enable the sharing of best practices, resources, and expertise in water infrastructure management. Collaboration with neighboring councils or regional authorities to leverage economies of scale and jointly address common infrastructure challenges may be possible. | Partially Effective | Council is able to leverage shared expertise, resources, and best practices, enhancing problem-solving capabilities and ensuring more robust and resilient asset management strategies. Asset management considered as part of SRMTMP audits by Office of Technical Regulator. | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Corporate and Commercial** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 83 | **Downturn or reduction of ongoing government funding programs (e.g. financial assistance grants).** | Changes in government policy, legislation or grant funding requirements.<br>Some funding only being available for limited periods. | Impact on Council resources to deliver core services.<br>Inability of council to fund projects, programs or activities.<br>Increased focus of service reviews.<br>Efficiency management.<br>Focus on legislated activity and service only.<br>Staff reductions. | Possible: Could be incurred within a one - two year period | Employee Welfare/Public Safety | Minor | Medium | Dedicated staffing resources | Grants Officer program installed. (Strategy and Engagement) | Effective | Grants Officer program installed. | Possible: Could be incurred within a one - two year period | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Financial/Business Sustainability | Catastrophic | High | Financial controls | Long term financial planning to assist in responding to grant funding (such as grant matching). | Majority Effective | Allows for considered decision making | | Financial/Business Sustainability | Moderate | Medium | Yes |
| | | | | | Political | Minor | Medium | Crisis Management Plan | Re-Budget processes, Realigning budget to core services | Effective | Budgeting allows for planning of service delivery | | Political | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Insignificant | Low | Strategic Objectives | Advocacy roles in Council - Proactive searching for grants to apply for. Proactive involvement in grant applications. | Effective | Proactive searching (at strategic planning level) for grants. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Moderate | Medium | | | | | | Service Delivery | Insignificant | Low | Yes |
| 84 | **Failure to provide effective standard of training to staff.** | Lack of:<br>Safe systems of work.<br>Policy and procedure (Governance) training (induction and ongoing).<br>Role Specific Training.<br>Training for future roles (work force development).<br>Continuous professional development (up keep of official qualifications and licences). | Duplication, inefficiencies, inconsistency in approach.<br>Non-alignment of tasks to core business.<br>Non-delivery of strategic plans.<br>Personal injury - Staff and Public.<br>Failure to comply with WHS act.<br>Employees unable to complete requirements of role. | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Employee Welfare/Public Safety | Major | Extreme | Strategic objectives | Objectives set by Council for the CEO in position description. CEO responsible for implementing resources for policy and procedure. CEO Position description states that WHS responsible. CEO must make sure staff have necessary skills to do their job | Effective | Ensures that CEO adheres to requirements of their role. CEO performance reviews are undertaken. | Unlikely: Could be incurred in a two - five year time frame. | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Political | Major | Extreme | Training and qualifications | Training needs analysis and work role assessments. (Currently manual process - however will be part of the VELPIC LMS). | Effective | Identifies what training is needed and who has undertaken the training. Allows for gap management. | | Political | Insignificant | Low | Yes |
| | | | | | Financial/Business Sustainability | Moderate | High | Human Resources Management | Annual performance appraisal.<br>Includes policy review and update.<br>(currently called my plan but will change in 2025) | Partially Effective | New performance and development plan will be launched in FY26 (Directors and Managers), FY27 (organisation wide) | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Environment | Major | Extreme | System controls | L&D has the OneCouncil Training module as our SMS (Student Management System). Further development of workflows and the training module capabilities will improve automation in managing the training function and the system capability. . | Majority Effective | The current SMS (OneCouncil)requires manual work arounds and lacks capability in automating the training system requirements. It has some limitations in its current configuration. The system isn't intuitive but users are very well supported by the Learning and Development team. | | Environment | Insignificant | Low | Yes |
| | | | | | Compliance / Legal | Catastrophic | Extreme | Investigations and Studies | Post event reviews, includes near miss reporting. Reviews identify training gaps if they are considered a contributing cause. | Effective | Allows for discovery of gaps. | | Compliance / Legal | Minor | Low | Yes |
| | | | | | Service Delivery | Moderate | High | Risk Assessments and Plans | Risk Assessment - JHA, SWIMS and Pre-start checks are all conducted. Allows for identification of training gaps prior to starting activity. | Effective | Allow staff to identify training gaps before they undertake a task. | | Service Delivery | Insignificant | Low | Yes |
| | | | | | | | | Internal Audit | Audits (LGA) are undertaken to identify training gaps. | Effective | Allows for identification of gaps | | | | | |
| | | | | | | | | Validation Reports | Monthly WHS training report goes to Directors (completed training only). Training needs analysis reporting is in place in high risk areas, e.g. city ops. | Effective | Potential gaps in reporting (should be more comprehensive after VELPIC introduction). | | | | | |
| | | | | | | | | Human Resources Management | Recruitment for specific skill is possible. | Effective | Recruitment process can identify a specific skill required for role. | | | | | |
| 85 | **Inadequately managed corporate card purchases.** | Lack of training in correct procedure.<br>Late reconciliations.<br>Post authorised excessive spending.<br>Ineffective reporting and monitoring.<br>Process and procedure failures.<br>Deliberate action by staff member.<br>Failure to report and publish records in timely manner. | Potential high spends.<br>Spending with limited or no regular reporting or auditing.<br>Code of Conduct outcomes.<br>Reporting to ICAC and Ombudsman.<br>Adverse publicity.<br>Customer Complaints.<br>Process Reviews will be required. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Major | Medium | Policy Process or Procedure | Purchase card procedure, financial delegations for $ and types of spend, and approvals process. | Effective | Purchase card procedure, financial delegations for $ and types of spend, and approvals process. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Moderate | Medium | Delegation of Authority | Purchase card procedure, financial delegations for $ and types of spend, and approvals process. | Effective | Purchase card procedure, financial delegations for $ and types of spend, and approvals process. | | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Political | Minor | Low | Financial controls | Transaction & monthly limits on cards. | Effective | Transaction & monthly limits on cards. | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | Medium | Validation reports | Procurement ensure credit card transactions are reconciled by the card holder and approved by the supervisor with receipts, then publish transactions on our website. | Effective | Procurement & Governance review spend, then reported to Directors and published on our website. | | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | | | | Training and qualifications | Awareness/ feedback provided by Procurement including review of cardholder responsibilities upon receipt of purchase card. | Effective | Awareness/ feedback provided by Procurement. | | | | | |
| | | | | | | | | Communication strategy | Public disclosure of spending | Effective | Community opportunity to review spending | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| **Corporate and Commercial** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 86 | **Failure to adequately maintain a WHS Management System.** | Lack of internal Audit (error identification)<br>Lack of subject matter expertise<br>Lack of resourcing.<br>Poor commitment of executives. | Poor safety performance.<br>Injury resulting in lost time.<br>Increase in compensation claims.<br>Increase in non compliance in with regulatory requirements. (Enforced undertaking).<br>Membership with LGA as requirement for self-insurance | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Compliance/Legal | Catastrophic | Extreme | Safety Management System | A Documented WHS Management System. (WHS Framework). | Effective | Policy and Procedure library. Effective because small number of incidents. | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Compliance/Legal | Insignificant | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Catastrophic | Extreme | Dedicated staffing resources | A resourced Safety Team. (WHS Team) | Effective | Formal qualifications required for operational roles. | | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | Extreme | Reporting schedules | Regular reporting of Safety Performance to DG. (Monthly) DG WHS Performance Report. | Effective | Regular reporting of Safety Performance to DG. | | | | | |
| | | | | | Political | Minor | High | External or internal body/group oversight | DG representation on Health and Safety Committees. | Effective | A director has delegation to sign off on actions and activities. | | | | | |
| | | | | | Financial/Business Sustainability | Moderate | High | Training and qualifications | Safety responsibilities in all position descriptions. (Accountability of individuals). My Plan process allows for comment on individual accountability. Due diligence training captured in the training needs analysis (TNA) of Officers. | Effective | Safety responsibilities in all PDs. Due diligence training captured in the training needs analysis. | | | | | |
| | | | | | Service Delivery | Catastrophic | Extreme | Internal Audit | Internal auditing. (LGRS - Systems Management Audit) (2yrs). (LGRS - Procedural Validation Audit) (2yrs).Implementation of CoO WI IS Internal Audit program | Partially Effective | WHS Internal Audit Schedule 2025-2027 stablished. It will be incorporated into the WHS quarterly report. | | | | | |
| | | | | | | | | External Audit | External Auditing. Return to Work SA - 3-5 years (dependant on renewal). Reviews WHS and Injury Management. | Effective | External Auditing. | | | | | |
| | | | | | | | | Management oversight and review | Layers of management control. | Effective | Managerial Oversight Hierarchy is in place. Allows for escalation of recommendations through a management chain. | | | | | |
| | | | | | | | | Investigations and studies | Where an incident occurs it is investigated and workers accountability is escalated where identified and necessary. | Effective | Prevents reoccurrence of incidents. | | | | | |
| | | | | | | | | Strategic Objectives | Annual review process, (last 12months and Audits, operational needs) allows for WHS Annual planning, for monitoring by DG. | Effective | Strategic planning is in place | | | | | |
| 90 | **Council fails to maintain an effective volunteer management program. (Council volunteers - Partnership group supplied volunteers - Occasional volunteers).** | Failure to allocate adequate resources.<br>High numbers of volunteers required to perform duties, and provide key services.<br>Volunteer Co-ordinators not adequately trained.<br>Ineffective management and monitoring of volunteers.<br>Lack of training | Increased cost to council - salary costs (replacing volunteers with paid staff).<br>Ineffective volunteer activity.<br>Oversight / review of volunteers not conducted.<br>Some services may be discontinued or suspended.<br>Volunteers are disconnected from Council operations and activity. May not volunteer again.Injury to volunteer | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Moderate | High | Volunteer management and engagement | Volunteer on boarding and induction processes. | Effective | Volunteer on boarding and induction processes. | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | Policy Process or Procedure | Volunteer management policies and procedures. | Effective | Volunteer management policies and procedures. | | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | Political | Minor | Medium | Dedicated staffing resources | Dedicated volunteer coordinators. Each program has a co-ordinator. | Effective | Dedicated volunteer coordinators. | | Political | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Major | High | Volunteer management and engagement | Quarterly meeting - Co-ordinators Monthly / fortnightly one on one discussions. | Effective | Meetings allow time for training and raising issues. Allow for program discussions. | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Service Delivery | Minor | Medium | External or internal body/group oversight | State Volunteer networking group. Not oversight - Advice and Guidance is provided. Volunteering groups can get together and discuss industry including standards and hot topics. | Effective | Frame works and training can be provided through this process.. | | Service Delivery | Insignificant | Low | Yes |
| | | | | | | | | Internal Audit | Internal Audit looks at Volunteer Processes. | Effective | Allows for identification of issues. | | | | | |
| | | | | | | | | Dedicated Staffing resources | HR Business partner. HR Officer. Responsible for managing the Volunteer Management System. | Effective | Allows for oversight of Volunteer Management System | | | | | |
| | | | | | | | | Information & Records Management | Better Impact (National Volunteer Management System) Licenced system to keep track of Volunteers and their work. Recruitment. Maintains personal information. Maintains volunteering information, hours worked, training given etc. Allows for document control (all records) | Effective | Allows for management of volunteers. | | | | | |
| | | | | | | | | Training and Qualifications | Position description in place for volunteer roles. PD"s document the expected activity of the volunteer.volunteers training in tasks | Partially Effective | PD's document the expected activity of volunteers. | | | | | |

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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Corporate and Commercial** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 92 | **Failure to sustainably and effectively manage public funds.** | Inadequate financial reporting.<br>Inability to adequately monitor budgets.<br>Elected members decisions that redirect funds. (Un-planned financial redirects).<br>Un-planned events (COVID / Emergency).<br>Fraud, corruption and deceptive practices. | Failure to meet the delivery of services as promised in the Community plan.<br>Significant financial loss.<br>Inability to supply sustainable essential services.<br>Loss of critical assets.<br>Inability to continue Council operations.<br>May require service reviews to be undertaken. | Possible: Could be incurred within a one - two year period | Compliance/Legal | Catastrophic | High | Strategic objectives | Community Vision 2034 Strategic Framework incorporating strategies, strategic plans, implementation and delivery plans. | Majority Effective | Community Plan ,Strategic Framework incorporating strategies, plans, implementation and delivery | Possible: Could be incurred within a one - two year period | Compliance/Legal | Minor | Medium | Yes |
| | | | | | Employee Welfare/Public Safety | Minor | Medium | Financial reporting | Long term financial plan & process. Monthly reporting to DG & Business units Quarterly financial reporting to Council. | Effective | Long term financial plan & process. Quarterly financial reporting to Council. | | Employee Welfare/Public Safety | Insignificant | Low | Yes |
| | | | | | Financial/Business Sustainability | Catastrophic | High | Policy Process or Procedure | Funding Policy. Treasury Management Procedure. Prudential Report policy & procedure. Procurement policies, processes & controls and delegations. | Majority Effective | Funding Policy. Treasury Management Procedure. Prudential Report policy & procedure. Procurement | | Financial/Business Sustainability | Minor | Medium | Yes |
| | | | | | Political | Catastrophic | High | Financial controls | Asset Accounting. Internal Financial Controls. | Majority Effective | Asset Accounting. Internal Financial Controls. | | Political | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Catastrophic | High | Asset management plans | Strategic Asset Management Plan. | Effective | Strategic Asset Management Plan. Links directly to the Long term financial plan. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Major | High | Query escalation / investigation | Service Reviews by organisational effectiveness. Service reviews can be conducted upon request. | Partially Effective | Service Reviews for value and efficiency only effective if action items are delivered successfully. | | Service Delivery | Insignificant | Low | Yes |
| | | | | | | | | Approval Processes | Elected Members are required to vote and approve the administrations work plans and practical delivery. | Effective | Elective members make decisions based on the recommendations. | | | | | |
| | | | | | | | | Community Engagement | Community Engagement takes place for Councils main strategic and policy changes. | Effective | Community engagement ensures council provides what the community needs and wants. | | | | | |
| | | | | | | | | Compliance Reviews | Project management Framework requires post implementation reviews. | Majority Effective | Documented lessons learned. Majority effective because action items are not always followed up on. | | | | | |
| 93 | **Major IT system failure.** | Business continuity event (fire, loss of power etc.)<br>Sever room compromised. | Council business disruption and impact on the organisation's operational capability.<br>Process Reviews required.<br>Staff resourcing to fix issues.<br>Cost of contractors to assist in recovery. | Possible: Could be incurred within a one - two year period | Service Delivery | Major | High | Crisis Management Plan (BCP Recovery are CoA) | BCP. Disaster recovery at CoA | Partially Effective | BCP requirements on each business unit to create their own plan. | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Service Delivery | Minor | Low | Yes |
| | | | | | Political | Major | High | | | | | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | High | | | | | | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | | | | Validation reports | Post incident review: description and impact and establish how to manage in the future, risk mitigation strategies | Partially Effective | IT post incident review form. It includes description and impact and establish how to manage similar incidents in the future and risk mitigation strategies. | | | | | |
| | | | | | | | | Incident Management Plan | Annual review of TechnologyOne's "Security and Organisational Controls" warranties to provide assurance on TechnologyOne's broader architecture, data backup/retention strategies, and security posture. | Effective | Ensures TechnologyOne has the appropriate Cyber, Backup, Disaster Recovery, User Access Management, Personal and similar controls in place to protect, to the greatest possible extent, the council's data and ensure OneCouncil uptime for critical business functions. | | | | | |
| | | | | | | | | Backup and Recovery Management | All Veeam backup and recovery software has been upgraded to the latest supported version, providing enhanced backup performance, security, monitoring, immutability features, and improved recovery capabilities across critical systems. | Effective | The upgraded Veeam platform improves backup reliability, reduces recovery times, strengthens ransomware resilience, and provides greater assurance that business-critical systems and data can be restored following an outage or disaster event. | | | | | |
| | | | | | | | | Disaster Recovery Testing and Failover Capability | Monthly practical in-person disaster recovery exercises are conducted to test recovery procedures, staff readiness, failover processes and business continuity arrangements. High-priority systems have documented failover capabilities which are regularly tested and validated. | Effective | Regular testing provides assurance that recovery procedures remain current and effective, identifies gaps before an actual incident occurs, improves staff capability, and demonstrates that critical systems can be successfully failed over and restored within required recovery objectives. | | | | | |
| | | | | | | | | Network Infrastructure Resilience | New enterprise-grade Top of Rack (ToR) switches have been installed within the data centre environment to improve network redundancy, performance, reliability, and support for critical infrastructure services. | Effective | The upgraded network infrastructure reduces the likelihood of network-related outages, removes single points of failure, improves resilience of critical ICT services, and supports faster recovery during infrastructure incidents. | | | | | |

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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Corporate and Commercial** ➡ Arrows indicate change in rating since February 2026 report | | | | | | | | | | | | | | | | |
| 95 | **Lack of probity in managing public and Government funds** | No accountability for decision making.<br>No transparency in the activities of Council.<br>No impartiality applied in decision making.<br>Breaches of confidentiality.<br>Undisclosed conflicts of interest. | Corrupt practices and activities.<br>Potential for litigation against Council and individuals.<br>Criminal prosecutions.<br>Reputational damage, and associated poor media coverage.<br>Political relationships damaged.<br>Council fails to demonstrate to funding bodies and the broader community that they can be trusted to effectively manage public and Government funds. | Unlikely: Could be incurred in a two - five year time frame. | Reputation/Community Expectation | Catastrophic | High | Code of conduct | Code of conduct for EM and staff. | Majority Effective | Code of conduct for EM and staff. | Unlikely: Could be incurred in a two - five year time frame. | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | Political | Moderate | Medium | Policy Process or Procedure | Conflict of interest policy.<br>Declaration of Interest form.<br>Acquittals process.<br>Prudential Report policy & procedure<br>Procurement policies, processes & controls and delegations<br>Contract Management procedure | Effective | Conflict of interest policy. Declaration of Interest form. Acquittals process Prudential Report police | | Political | Minor | Low | Yes |
| | | | | | Compliance/Legal | Moderate | Medium | Delegation of Authority | Delegation process. | Majority Effective | Delegation process. | | Compliance/Legal | Moderate | Medium | Yes |
| | | | | | Financial/Business Sustainability | Moderate | Medium | Internal Audit | Internal audit program | Majority Effective | Internal audit program | | | | | |
| | | | | | | | | External Audit | External audit program | Majority Effective | External audit program | | | | | |
| | | | | | | | | Delegation of Authority | Audit committee oversight | Effective | Audit committee oversight | | | | | |
| | | | | | | | | External or internal body/group oversight | Financial delegations. | Majority Effective | Financial delegations are system monitored to verify spending. | | | | | |
| 96 | **Lack of effective leadership capability.** | Lack of accountability for decision making.<br>Leadership values and expectations are not well defined.<br>Lack of measurement and reporting, (KPI's).<br>Lack of training.<br>Avoidance of tough conversations.<br>Lack of effective communication.<br>Critical role identification or succession plan for all people or technical leadership roles are not undertaken | Loss of employees.<br>Failure to attract potential employees.<br>Reputational damage - bad publicity or public image.<br>Breaches of legislative responsibilities.<br>Service Reviews may be needed.<br>Deadlines services / reporting missed.<br>Financial impacts - Budget mismanagement - Saving v's expenditure.<br>Non-achievement of Annual Business plan. | Possible: Could be incurred within a one – two year period. | Compliance/Legal | Major | High | Policy Process or Procedure | P&C policy and procedures. | Partially Effective | HR have several policies and procedures to guide leaders through routine leadership tasks (disciplinary procedure, managing for improved performance, grievance procedure etc. Roles and responsibilities defined in PD's. Divisional planning, annual management review | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Moderate | Medium | Training and qualifications | My plan program. Leadership Training. | Partially Effective | New performance and development plan will be launched in FY26 (Directors and Managers), FY27 (organisation wide) | | Employee Welfare/Public Safety | Moderate | Low | Yes |
| | | | | | Financial/Business Sustainability | Moderate | Medium | Human Resources Management | Recruitment and selection process. | Majority Effective | Turn over rate in leadership is low. | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Service Delivery | Minor | Medium | Strategic Objectives | Key Performance Indicators | Partially Effective | Performance lift, requires appetite for change. | | Service Delivery | Insignificant | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | High | Reporting schedules | Divisional planning. / Management review local business plan. | Effective | Reviews highlight improvements | | | | | |
| | | | | | Political | Minor | Medium | | | | | | | | | |
| 98 | **Council fails to ensure Contractors and Suppliers have sufficient insurance in place prior to contract award or issue of purchase order.** | Non-disclosure by contractor supplier. (deliberate or accidental).<br>Procurement process not adequately followed.<br>Insurances in place do not cover to the right value ($20M).<br>Type of insurance in place is not suitable type.<br>Insurance expires on yearly basis (not updated by contractor after expiry).<br>Adequate records not kept by Council or Contractor. | Elevated insurance costs for Council to cover third party liability.<br>Finance and liability exposure to council. | Likely: Will probably occur in most circumstances – several times a year. | Compliance/Legal | Moderate | High | Contract & Agreement Management | Vendor Panel Software (pre-qualifies contractors).<br>Procurement processes & involvement of Procurement staff in tender/ contract letting. | Effective | Vendor Panel Software, procurement processes & involvement of staff in tender/ contract. | Rare | Compliance/Legal | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Catastrophic | Extreme | Validation reports | Checklist to ensure that Contractors and Suppliers have insurance in place | Effective | Ensures compliance | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | | | | | | | | | |
| | | | | | Political | Minor | Medium | | | | | | | | | |
| 99 | **Industrial action related to enterprise bargaining.** | Breach of obligations under fair work act.<br>Lack of understanding of obligations.<br>Dispute with union over suggested conditions.<br>Enterprise bargaining fails to reach agrement on proposed working conditions | Potential for business disruption due to protracted or unsuccessful EBA negotiation process.<br>Morale of staff impacted.<br>Relationship between staff and Management disrupted, Trust Adverse publicity.<br>Legal expenses.<br>SA Employment tribunal. | Possible: Could be incurred within a one – two year period. ⬇ | Employee Welfare/Public Safety | Moderate ⬇ | Medium ⬇ | Human Resources Management | Employee Relations:<br>EBA pre-negotiation preparation.<br><br>Open and transparent communication with staff and unions before and during bargaining.<br><br>Bargaining information workshops for staff before and during bargaining.<br><br>EACC (Enterprise agreement Consultation committee) | Effective | EBA pre-negotiation preparation. Open and transparent communication with staff and unions. | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | Dedicated staffing resources | Industrial relations staff (expert skills). | Effective | Expert advice available when needed. | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | High | Project Planning | Bargaining planning documented. | Effective | Keeps bargaining on a defined timeline | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Moderate | Medium | Communication strategy | Maintaining an open and honest communication with the Unions | Effective | Facilitates constructive discussion. | | Service Delivery | Insignificant | Low | Yes |
| | | | | | Political | Minor | Medium | | | | | | | | | |
| | | | | | Compliance/Legal | Major | High | | | | | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Corporate and Commercial** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 100 | **Boundary reforms could lead to a failure to deliver core services.** | Boundary reforms not driven or requested by Council.<br>State Government and other Councils can trigger review. | Potential impact on councils service provision capability.<br>Potential budget reduction affecting upkeep / maintenance of council assets.<br>Service, maintenance and capital planning reviews would be required.<br>Re-budgeting process required.<br>Impacts on rates of residents who remain in Council area. | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Employee Welfare/Public Safety | Catastrophic | Medium | Legislative monitoring | Monitoring legislation & associated processes | Ineffective | Monitoring legislation & associated processes | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Employee Welfare/Public Safety | Moderate | Low | Yes |
| | | | | | Financial/Business Sustainability | Catastrophic | Medium | Crisis Management Plan | Re-budget and re-planning processes to account for loss of income and re-align services. | Majority Effective | Allows Council to recalibrate it service offering and planning. | | Financial/Business Sustainability | Moderate | Low | Yes |
| | | | | | Political | Moderate | Low | | | | | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | Low | | | | | | Reputation/Community Expectation | Moderate | Low | Yes |
| | | | | | Service Delivery | Catastrophic | Medium | | | | | | Service Delivery | Moderate | Low | Yes |
| 151 | **Failure to anticipate, plan for and respond to changing technology needs and requirements.** | Identified systems that do not meet requirements of users.<br>Targeted and planned efficiencies not realised.<br>Project resource over runs.<br>Documented project benefits are not achieved.<br>Documented cost over-run on ICT Projects<br>Poor press coverage specific to councils dated technology.<br>Documented failure to meet technology needs for community<br>Documented failure to meet technology needs for staff. | Enterprise resource planning system that does not meet requirements<br>Efficiencies not realised.<br>Resource over runs due to complexity of tasks and resources over-runs.<br>Project benefits are not achieved.<br>Pressure on financial sustainability.<br>Reputation damage.<br>Failure to meet technology needs for community and Council staff. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Minor | Medium | Strategic Objectives | ICT Strategic Plan (2025-2030) providing a five-year roadmap for technology, cyber security, governance and service improvement. Year 1 focuses on foundational hygiene and remediation activities. | Effective | Provides clear direction and prioritisation for technology investment and improvement. | Unlikely: Could be incurred in a two - five year time frame. | Employee Welfare/Public Safety | Minor | Low ↓ | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | Proactive Asset Management | Ongoing lifecycle management of ICT assets, including hardware refreshes, software upgrades and end-of-life replacement activities. | Effective | Ensures technology remains secure, supported and fit for purpose. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Financial/Business Sustainability | Moderate | High | Infrastructure Lifecycle Management | All production servers are required to run supported operating systems. More than 16 servers have been upgraded to current supported versions. | Effective | Reduces security risk, technical debt and reliance on unsupported infrastructure. | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Service Delivery | Moderate | High | Technology Governance | Strategic Technology Steering Committee meets monthly to review cyber security, ICT performance, risks and project prioritisation under approved Terms of Reference. | Effective | Strengthens governance, accountability and strategic decision-making. | | Service Delivery | Moderate | Medium | Yes |
| | | | | | | | | Business Partnership and Planning | CEO, Directors, Managers and ICT jointly prioritise and plan OneCouncil improvement and remediation activities. | Effective | Ensures technology priorities align with business needs and organisational objectives. | | | | | |
| | | | | | | | | Change Management Processes | Regular updates of Council technology (i.e. P.C. and laptop renewal strategy) | Effective | Ensures up to date technology is in place | | | | | |
| | | | | | | | | Crisis Management Plan | Monthly practical in-person disaster recovery exercises are conducted to test recovery procedures, staff readiness, failover processes and business continuity arrangements. High-priority systems have documented failover capabilities which are regularly tested and validated. | Effective | Regular testing provides assurance that recovery procedures remain current and effective, identifies gaps before an actual incident occurs, improves staff capability, and demonstrates that critical systems can be successfully failed over and restored within required recovery objectives. | | | | | |
| 158 | **Failure to attract and retain the right people.** | Current market place conditions.<br>Lack of availability of candidates.<br>Salaries and conditions offered not in line with expectations.<br>Employment value proposition not competitive.<br>Interstate / foreign markets not open (skilled migrant visas unavailable).<br>Past poor employees experience resulted in negative reviews of the organisation published online and by word of mouth | High staff turnover.<br>Employment of substandard skill sets.<br>Service delivery gaps.<br>Employees stress, more work to cover gaps.<br>Higher recruitment costs.<br>Agency use.<br>Morale impacts.<br>Culture Impacts. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Moderate | High | Policy Process or Procedure | Defined recruitment process guideline. | Majority Effective | Staff member is not 100% dedicated the recruitment process, provides HR Support during recruitment process | Possible: Could be incurred within a one – two year period. | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | Dedicated staffing resources | Dedicated recruitment/talent acquisition roles (eg Recruitment Advisor, Talent and Acquisition Partner) provide advice and support to the business and develop and implement strategies to attract/retain talent.<br>HR Business Partners and HR officers to support and provide advice to business. | Effective | Numerous HR support services and resources available and strategies being developed to attract and retain the right people/staff | | Financial/Business Sustainability | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Insignificant | Medium | Training and qualifications | Interview panel training. | Effective | Panel training developed and launched to the business. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Insignificant | Medium | Dedicated staffing resources | Encouragement for Utilizing Leadership back filling of roles. | Effective | Allows for staff growth and development | | Service Delivery | Insignificant | Low | Yes |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Corporate and Commercial** | | | | | | | | | | | | | | | | |
| 162 | **Failure to collect relevant and accurate data to support good decision making.** | Lack of data led customer insights.<br>Community engagement only from highly engaged residents.<br>Limited data feedback loops on customer needs and wants. | Funding allocated to services of lower priority at an opportunity cost for service of higher priority.<br>Community dissatisfaction. Failure to meet customer expectations (service mix or service level)<br>Increased customer requests / EM requests | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Employee Welfare/Public Safety | Minor | High | Strategic Objectives | Strategic planning of data migration strategy | Effective | ICT worked with areas to move data that business identified was relevant into One Council System or make it available via WebView. Effectiveness rely on business to collect the right data going forward. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Financial/Business Sustainability | Major | Extreme | Query escalation / investigation (Savings Register) | Savings Register. | Ineffective | Savings register allows for focus on spending, currently under development. | | Financial/Business Sustainability | Moderate | High | Yes |
| | | | | | Political | Minor | High | Information and Records Management (ICT Data Cleanse) | Development and implementation of a data strategy | Partially Effective | Consultation with external provider was undertaken to identified a road map to create a data strategy, project to commence work on the FY25/26. | | Political | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | Compliance Reviews | KPI tracking – corporate systems or informal systems | Partially Effective | Oversight and monitoring of delivery. | | Reputation/Community Expectation | Moderate | High | Yes |
| | | | | | Service Delivery | Insignificant | Medium | System Controls | Economy ID - Dashboard Data SpendMapp - Dashboard and monthly report (can be tailored) Localis - - Dashboard and monthly report (can be tailored) Census Data. ABN Data. | Effective | Data systems provide good quality of data for decision making. Factual and modelling data is provided | | Service Delivery | Insignificant | Medium | Yes |
| | | | | | | | | Information and Records management. (subscriptions to data providers). | Subscriptions to data providers. Allow for Council to access larger data holders information. | Effective | Allows for wider pool of information availability | | | | | |
| 170 | **Return to work self insurance status could be forfeit.** | Repeated failure of WHS Systems and effective implementation.<br>Breaches of legislation (Return to work Act). | Enforced Levey payment instead of LGAWCS self insurance costs. | Possible: Could be incurred within a one – two year period. | Compliance/Legal | Moderate | Medium | External Audit | Return to work SA & LGAWCS Audits | Effective | Identify potential issues, and areas for improvement | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Major | High | Information & Records Management | Documentation reviews, WHS system documents are reviewed based on risk levels (1-3years). | Effective | Ensures system documents are relevant and effective. | | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Catastrophic | High | Risk Review | Risk assessments to identify relevant controls | Effective | Task, Plant Chemicals and hazardous manual tasks all included. | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Major | High | Inspections | Workplace inspections, plant inspections, onsite. Crew start. JHA"s. | Effective | Identify areas for improvement and potential failure of controls. | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | High | | | | | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Minor | Medium | | | | | | Service Delivery | Minor | Low | Yes |
| 173 | **Poor governance of new IT implementation.** | Failure to include ongoing costs in decision making reports.<br>Inadequately planning for the ongoing costs of new technology.<br>Business Units not engaging with IT adequately. | Resources (both $ and people) required to resolve issues.<br>Unplanned costs for business unit, resulting in Long term financial planning not met.<br>IT having to support business unit costs.<br>No planning for end of life. | Possible: Could be incurred within a one – two year period. | Compliance/Legal | Moderate | Medium | Strategic Objectives | ICT Strategic Plan (2025-2030) provides a five-year roadmap for technology, governance, cyber security and service improvement. The strategy is embedded across ICT planning and investment decisions. | Effective | Provides clear strategic direction, prioritisation and alignment of technology initiatives with business objectives. | Unlikely: Could be incurred in a two - five year time frame | Compliance/Legal | Insignificant | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Minor | Medium | Business Partnership and Planning | CEO, Directors, Managers and ICT jointly prioritise and plan OneCouncil improvement, optimisation and remediation activities. | Effective | Ensures technology initiatives meet business needs and resources are directed to agreed priorities. | | Employee Welfare/Public Safety | Insignificant | Low | Yes |
| | | | | | Financial/Business Sustainability | Major | High | Technology Governance | Strategic Technology Steering Committee meets monthly to review cyber security, ICT performance, risks, projects and priorities under documented Terms of Reference. | Effective | Strengthens governance, oversight, accountability and investment decision making. | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Minor | Medium | Technology Governance | Strategic Technology Steering Committee provides executive oversight of technology investment decisions and strategic priorities. | Effective | Improves transparency and organisational alignment for technology-related decisions. | | Political | Insignificant | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | High | Strategic Objectives | ICT Strategic Plan establishes governance, service improvement and technology investment priorities to meet community and organisational expectations. | Effective | Reduces the risk of poorly governed technology investments and unrealised project benefits. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Catastrophic | High | Proactive Asset Management | Ongoing lifecycle management of ICT assets, infrastructure, software and platforms, including upgrade and replacement planning. | Effective | Maintains reliable, supported technology platforms and reduces implementation and operational risks. | | Service Delivery | Minor | Low | Yes |
| | | | | | | | | Infrastructure Lifecycle Management | All production servers are maintained on supported operating systems, with more than 16 servers upgraded as part of the infrastructure uplift program. | Effective | Reduces technical debt, improves security and ensures new technology implementations are deployed on supported infrastructure. | | | | | |
| 841 | **The supplier master file is able to be edited with unauthorised or incorrect changes** | Document needs to be updated regularly. Number of suppliers (3000+) Integrity of the supplier master file must be maintained.<br>Management of the supplier master file. File contains key information - Banking details. Nefarious individuals.<br>Changes being made to banking details that have not been validated.<br>Staff with incorrect system access being able to make changes.<br>Authorised changes being made but with errors. | Fraud. Financial losses. Reputation damage. Council pays to fraudulently created supplier details / invoice. Third Party Identity Theft. | Unlikely: Could be incurred in a two - five year time frame. | Financial/Business Sustainability | Moderate | Medium | Policy, Process or Procedure | Procurement audit and compliance procedure. | Effective | Sets out expectations and Defines processes and controls to maintain the supplier master file. | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Compliance/Legal | Minor | Medium | Data Change Validation | Mandatory phone call to validate bank detail changes. | Effective | Double check of the request. | | | | | |
| | | | | | Reputation/Community Expectation | Minor | Medium | Insurance | Allows for recovery of losses. | Partially Effective | Allows for recovery of money lost - but not guaranteed. | | | | | |
| | | | | | | | | Segregation of duties | Changes to the master-file can only be made by the Procurement team. | Effective | Limited access to systems. | | | | | |
| | | | | | | | | Internal Audit | Master-file has an audit trail. | Effective | Shows which person has requested the change and which procurement officer has applied the change. | | | | | |
| | | | | | | | | Training and Qualifications | New staff members trained to follow the procedure. | Effective | New staff provided instruction. | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Corporate and Commercial** | | | | | | | | | | | | | | | | |
| 1014 | **It is possible to make unauthorised changes to the CBA .aba file, leading to incorrect payments being made** | Edit ability needed to allow council to complete payroll activities.<br>File auto generates for payroll. | Payments made to incorrect person unintentionally or intentionally.<br>Large dollar losses ($10M+ if large payment run).<br>Reputational damage through suppliers or staff not being paid correctly | Possible: Could be incurred within a one – two year period. | Financial/Business Sustainability | Catastrophic | High | Financial Reconciliations | Spot check - prior to authorisation of EFT | Effective | Accuracy and validity of payments scheduled | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Financial/Business Sustainability | Moderate | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | Medium | Segregation of duties | Creditor Ledger is managed by team separate from accounts payable | Effective | Procurement team manage creditor ledger which has supply banking information. | | | | | |
| | | | | | Service Delivery | Moderate | Medium | Security Measures | File is accessible only by specific roles in finance. | Effective | Limited access to file and ability to alter file. | | | | | |
| | | | | | | | | Validation Reports | Quarterly reporting on people who have access to the folder where this file is saved (prior to uploading to the bank). | Effective | Which means authorizing officer cannot make changes | | | | | |
| | | | | | | | | Data Change Validation | Once file is created it is not able to be edited. Pending EFT would need to be cancelled. | Effective | Correct behaviour is explained. | | | | | |
| | | | | | | | | Code of conduct | Staff code of conduct has zero tolerance for fraud. | Effective | Regular reporting on usage of file. | | | | | |
| | | | | | | | | Human Resources Management | Staff cannot access the file when under probationary period. | Effective | New staff unable to make changes. | | | | | |
| | | | | | | | | Validation Reports | Reference checks for all staff in finance roles | Majority Effective | Reference checks are carried out, however SAPOL background checks are not conducted. | | | | | |
| | | | | | | | | Compliance Reviews | Non-payment to suppliers or staff would trigger a complaints process. | Effective | Would allow detection after payment. | | | | | |
| **Planning, Governance and Regulatory Services** | | | | | | | | | | | | | | | | |
| 58 | **Failure to deliver programs and services that meet community need and expectations.** | Gap between community expectations and what Council can do.<br>Loss of key staff.<br>Lack of appropriate budget.<br>Climate change issues.<br>Significant state / federal legislation changes. (Inc. no involvement in process).<br>Elected Members withdraw support for services. | Community needs and expectations not met.<br>Plans not met.<br>Failure to prepare community for impacts of climate change.<br>Tourism (financial impacts - spending of visitors).<br>Negative media coverage.<br>Potential costs to manage damage to assets (dis-repair etc.).<br>Residents needs not advocated.<br>More frequent emergency events requiring Council response.<br>Economic growth limited for small business. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Minor | Medium | Strategic objectives | Strategic framework and plan structure. Internal strategic services support. | Majority Effective | Strategic framework and plan structure. Internal strategic services support. | Possible: Could be incurred within a one - two year period | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Political | Moderate | High | Community Engagement | Community wellbeing monitor. Regular community engagement | Majority Effective | Community well being monitor. Regular community engagement. | | Political | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | Financial controls | Annual budget process. Endorsed by Council as representatives of the community. | Majority Effective | Annual budget process. | | Reputation/Community Expectation | Minor | Medium | Yes |
| | | | | | Service Delivery | Minor | Medium | Service Reviews | Service review process. | Majority Effective | Service review process. | | Service Delivery | Insignificant | Low | Yes |
| | | | | | Compliance/Legal | Minor | Medium | Policy Process or Procedure | Policy development that support decision making. | Effective | Help decision making and make sure Council has a transparent position on the issue. | | | | | |
| | | | | | | | | Dedicated staffing resources | Community Wellbeing Monitor - Research officer role. | Effective | Dedicated role. | | | | | |
| | | | | | | | | Financial Reporting | Annual business planning used to document year ahead for community engagement. Used to set annual budget and rates. | Effective | Clearly defines Council position. Approved by Council and commented on by Public. | | | | | |
| | | | | | | | | Validation Reports | Annual Report - Outlines projects programs and services delivered by Council in the year. Aligned to the Annual Business Plan. | Effective | Gives a clear picture of Councils activity in the previous year. | | | | | |
| 62 | **Escalated costs of management of stormwater easements (access and encroachments).** | Complexity in management systems.<br>Two management systems that can't talk to each other - Councils Pathway and state gov. Planning Portal (plan SA)<br>Historical risk - document management in past not effective or complete. | Development approval given to build, construct or develop, over existing easements.<br>Council has no knowledge of the services location.<br>Requirement to purchase easements form land owners where necessary. | Possible: Could be incurred within a one - two year period | Service Delivery | Moderate | Medium | Policy Process or Procedure (Planning Approvals) | Multiple checks through the assessment process | Effective | Planning consent and development approval and issuing the permit by the property team | Unlikely: Could be incurred in a two - five year time frame. | Service Delivery | Moderate | Medium | Yes |
| | | | | | Financial/Business Sustainability | Major | High | Policy Process or Procedure (Application Reviews) | Specific process in place for review of applications where known easements exist. | Effective | Planning approvals review process. | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | | | | Approval Process | Approval to construct over or adjacent a known easement would be by exception only (not the norm). | Partially Effective | Specific process in place for review of applications where known easements exist. | | | | | |
| | | | | | | | | System controls | Intramaps referral. | Effective | Council mapping system that include storm water network is now in to One Council System, make it accurate. | | | | | |
| 64 | **Failure to identify and manage changes to the PDI Act.** | Recent changes to Act.<br>Failure to notify Council of changes by Lawyers, LGA etc.<br>Lack of staff awareness, training.<br>Process and procedure updates not completed / followed. | Councils internal processes do not keep pace with changes causing non-compliant alignment.<br>Inability to meet the changed legislative obligations.<br>Legal cases. (planning appeals).<br>Court fees.<br>Legislation breaches. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Major | Medium | Legal advice | Legal advice and training on PDI Act. | Effective | Legal advice and training on PDI Act. | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Moderate | Medium | External or internal body/group oversight | LGA and AGD-PLUS interfaces and communications. | Effective | LGA and AGD - PLUS interfaces and communications. | | Financial/Business Sustainability | Moderate | Low | Yes |
| | | | | | Political | Major | Medium | Legislative monitoring | Planning Development and infrastructure act. Local nuisance and litter control act Council by-laws | Effective | Legislated rules to follow | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | Medium | Policy Process or Procedure | Internal policy and procedures. | Effective | Regularly renewed and refreshed. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Minor | Low | Query escalation / investigation | Escalation of claims to the insurance scheme | Effective | Scheme manage any claims against Council for liability negligent act or omission. | | Service Delivery | Minor | Low | Yes |
| | | | | | Environment | Minor | Low | Training and Qualifications | Staff receive on-going training and updates to keep knowledge up to date. | Effective | Staff share knowledge and receive ongoing training on the new act. | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Planning, Governance and Regulatory Services** | | | | | | | | | | | | | | | | |
| 67 | **Non-compliance to lease terms when leasing Council property.** | Lapsed lease expiry dates.<br>Changes in lease conditions.<br>Lapsed insurance coverage.<br>Expired leases in holding over for more than five years | Increased Council liability for assets.<br>Exposure to compliance breaches at leased council owned assets / facilities.<br>Breach of Local Government Act (Public consultation not undertaken for lease over five years) | Likely: Will probably occur in most circumstances – several times a year. | Compliance/Legal | Minor | Medium | Asset Management Plans | Community Land & Business Area Management Plans. | Majority Effective | Community Land & Business Area Management Plans. | Likely: Will probably occur in most circumstances – several times a year. | Compliance/Legal | Minor | Medium | Yes |
| | | | | | | | | Legal agreements | Lease templates for each class facility. | Majority Effective | Lease templates for each class facility. | | | | | |
| | | | | | | | | Dedicated staffing resources | Dedicated lease management resource. | Majority Effective | Dedicated lease management resource. | | | | | |
| | | | | | | | | System controls | Lease Register in One Council | Majority Effective | Workflow, procedures and policy are all reviewed, however is currently untested (i.e. no quality assurance at this time). | | | | | |
| | | | | | | | | Policy Process or Procedure | Lease Policy draft | Ineffective | Set out the how council manages lease holders to compliance with Local Government Act (i.e. holding over, commercial subuses). Ineffective until the policy is endorsed. | | | | | |
| 68 | **Use of community land is inconsistent with Council's Community Land Management Plan (CLMP)** | Alienation of community land by lease or licence inconsistent with permitted use (as described within the relevant CLMP). | Use is inconsistent with the CLMP and potentially ultra vires. | Possible: Could be incurred within a one – two year period. | Reputation/Community Expectation | Minor | Medium | Register | Register of community land against the property in OneCouncil. | Majority Effective | Register has been postponed to post go live (OneCouncil, project 3). | Unlikely: Could be incurred in a two - five year time frame. | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | | | | Policy Process or Procedure | Leasing and Event checklists refer to call out requirement to align use with CLMP.<br><br>Procedure to amend a CLMP is understood and utilised when required | Majority Effective | Checklist and procedures are effective. | | | | | |
| 69 | **Council does not correctly monitor and enforce permit conditions.** | Failure to monitor and enforce permits and applications.<br>Incorrect advice given.<br>Residents do not follow permit advice. | Potential disputes. (resident v resident or Council v Resident).<br>Litigation and/or financial loss.<br>Encroachment of residential and / or business properties onto and over council land boundaries. | Possible: Could be incurred within a one – two year period. | Financial/Business Sustainability | Minor | Medium | Query escalation / investigation | Note: this process is reactive only in response to notifications. | Partially Effective | Note: this process is reactive only in response to notifications | Possible: Could be incurred within a one – two year period. | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Political | Minor | Medium | Dedicated staffing resources | Staff to undertake inspections | Ineffective | Internal Audit Action:pre and post site inspection guidelines and checklist. | | Political | Minor | Medium | Yes |
| | | | | | | | Medium | Insurances | Insurance scheme limits 3rd party liability costs. | Effective | Limits Councils losses | | | | | |
| 70 | **Potential conflict or exposure to aggression when attending private properties to carry out Council duties.** | Aggressive residents.<br>Inadequate outdoor / resident training.<br>Uncontrolled animals. | Council personnel safety impacted.<br>Potential for resultant injury. | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Employee Welfare/Public Safety | Major | Extreme | Policy Process or Procedure | Procedures for working in isolation. | Majority Effective | Effective used with other controls, however is low in hierarchy of controls for this risk. | Likely: Will probably occur in most circumstances – several times a year. | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | | | | Training and qualifications | Situational awareness training. (CERT, include verbal de-escalation training). | Effective | Situational awareness training. Requires ongoing reminders a / new staff | | | | | |
| | | | | | | | | Risk Assessments & Plans | Flags on identified offenders. (was available in pathway) (not available currently in One Council). | Partially Effective | Flags on identified offenders not currently available in One Council, although manual workaround is in place. | | | | | |
| | | | | | | | | Security Measures (Double Up, Welfare Monitoring) | Double ups for higher risk activities. Welfare monitoring WGS application. | Effective | Double up's for higher risk activities. Welfare monitoring WGS application. | | | | | |
| | | | | | | | | Security Measures (Body Cameras) | Body Cameras | Partially Effective | Cameras act as a deterrent | | | | | |
| 171 | **Council fails to adequately manage contaminated land.** | A failure to implement process and policy regarding management of contaminated land.<br>Failure to adequately monitor resident and business behaviours.<br>Inadequate staff resourcing.<br>Untrained / unqualified staff.<br>Deliberate and wilful avoidance.<br>Failure to provide accurate and effective guidance. | Breach of EPA requirements.<br>Harm to human health.<br>Environmental damage.<br>Failure to perform adequate notifications and escalations. | Likely: Will probably occur in most circumstances – several times a year. | Compliance/Legal | Major | Medium | Project Planning | Have Land Environmental Management Plans (LEMPs) for each site, identifying actions for each site. | Effective | Plans show how contaminated / potentially contaminated land is expected to be managed | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Compliance/Legal | Moderate | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Major | High | Dedicated staffing resources | Have a staff member responsible for monitoring management of each site. Implementation of LEMPs outsourced to qualified contractors | Effective | Dedicated staffing resources to ensure compliance | | Employee Welfare/Public Safety | Major | Medium | Yes |
| | | | | | Environment | Minor | Medium | Compliance Reviews | Task and KPI tracking – corporate systems or informal systems | Effective | Oversight and monitoring of delivery. | | Environment | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Major | Medium | Risk Review | Annual management review and re-approval of LEMPs | Effective | Annual review and re-approval process allows for reassessments. | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Political | Moderate | Medium | Approval Process | External Review - EPA approve each Environmental Management Plan & conduct periodic spot-checks and LGA review WHS | Effective | External approval for plans required. | | Political | Insignificant | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | Medium | Asset Register | Contaminated land register | Ineffective | Contaminated land register has not been added to One Council | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Insignificant | Low | | | | | | Service Delivery | Insignificant | Low | Yes |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Planning, Governance and Regulatory Services** | | | | | | | | | | | | | | | | |
| 172 | **Rangers acting outside of their delegated authority** | Failure to apply good regulatory practice.<br>Inconsistent approach / decisions made by Rangers.<br>Inadequate training provided.<br>Inadequate resourcing to allow time for composed decision making. | Regulatory burdens costs imposed by regulatory requirements.<br>Unnecessary regulation of residents.<br>Legal cases and associated costs.<br>Increased paperwork, and increase in records management requirements.<br>Lost time and efficiency. | Likely: Will probably occur in most circumstances – several times a year. | Compliance/Legal | Major | High | Training and qualifications | Training program for Rangers, Inc. use of delegations | Effective | On-going training provided to all Rangers | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Moderate | Medium | Delegation of Authority | All regulatory activities require authorisation. Publication of delegations. | Effective | Staff delegations are prescribed. | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Moderate | Medium | Policy Process or Procedure | Enforcement Policy in place, outlining procedures. Fraud prevention policy, Code of Conduct; "Onkanet" page for Rangers includes templates/ guidance / procedures and policies for Ranger use | Majority Effective | Procedures for authorised officers to follow. Dependant on staff following procedure. Low on hierarchy | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | High | System controls | Dog attack process Built policy into customer service system - automated workflow requires all steps to be completed, requires delegation workflow (dog attacks all reviewed by senior leader). | Effective | System requires manager (delegated) oversight | | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | | | | Management oversight and review | Senior staff oversight of all employees. Field work not directly supervised - but new staff supervised, all vehicles are GPS tracked, tasks allocated through One Council. | Effective | Staff can be monitored effectively for compliance to legislation and regulation. | | | | | |
| | | | | | | | | Information & Records Management | Customer requests can be updated by Rangers in the field (e.g. on phone), photos attached, etc. (still being implemented) | Effective | Instant update of customer service records available | | | | | |
| 174 | **Failure to respond to Barking Dog Requests.** | Perceived or real failure to investigate and resolve complaints. | Disgruntled residents.<br>Perceived inaction of Council.<br>Reputation of council damaged. | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Compliance/Legal | Minor | High | Policy Process or Procedure | Internal procedures provide guidance, and track time taken to assess a barking dog matter. | Majority Effective | Procedures provide instructions of expected actions | Likely: Will probably occur in most circumstances – several times a year. | Compliance/Legal | Insignificant | Medium | Yes |
| | | | | | Employee Welfare/Public Safety | Minor | High | Compliance Reviews (Annual Review) | Annual report to DCM Board re performance and activities, QA process | Majority Effective | Annual reporting to oversight function. | | Employee Welfare/Public Safety | Insignificant | Medium | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | Compliance Reviews (Governance Reviews) | Governance reviews - an/ off lease expiation and also re unresolved barking dogs problem | Majority Effective | Oversight review to ensure all issues reach resolution | | Reputation/Community Expectation | Insignificant | Medium | Yes |
| | | | | | Service Delivery | Insignificant | Medium | | | | | | Service Delivery | Insignificant | Medium | Yes |
| 175 | **Non compliance with s.237 of LG Act - removal of abandoned vehicles.** | Failure to follow approved policy procedure and legislation.<br>Failure to maintain register of vehicles and process sale or disposal. | Legal costs.<br>Disgruntled residents.<br>Poor media coverage.<br>Loss of income stream.<br>Expense of keeping vehicles in pound (external facility). | Likely: Will probably occur in most circumstances – several times a year. | Compliance/Legal | Moderate | High | Policy Process or Procedure | Internal procedures in place | Effective | Internal procedures in place | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Insignificant | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Minor | Medium | Training and qualifications | Training program for Rangers | Effective | Training program for Rangers | | Employee Welfare/Public Safety | Insignificant | Low | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | External Audit | External review of process used to remove vehicles. QA process | Partially Effective | Seeking an external review of process used to remove vehicles.<br>QA process - only highlights issues | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Minor | Medium | Reporting Schedules | Register of Abandoned Vehicles. Predisposal tasks are completed. Vehicles are return sold or disposed off in a timely manner. | Majority Effective | Register has been established in One Council, and the system is currently undergoing testing and refinement | | Political | Insignificant | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | | | | | | Reputation/Community Expectation | Insignificant | Low | Yes |
| 176 | **Activities at risk of spreading communicable disease are not effectively regulated eg food for sale, public swimming pools, skin penetration operations, high risk manufactured water systems and on-site wastewater treatment systems.** | Resources not allocated to highest risk activities. | Incorrect priority given to businesses.<br>Missed completion dates. | Possible: Could be incurred within a one – two year period. | Compliance/Legal | Major | High | Strategic objectives | Proactive environmental health inspections are conducted through a risk based approach. | Effective | Inspections that are conducted include: Audited, Priority 1 and Priority 2 Food businesses, Skin Penetration premises, Public Swimming Pools, Onsite wastewater systems and Cooling towers | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Moderate | Medium | Strategic objectives | Reactive inspections are undertaken on receipt of customer reports/requests. | Effective | Reactive inspections are undertaken on receipt of customer reports/requests. | | Employee Welfare/Public Safety | Moderate | Low | Yes |
| | | | | | Financial/Business Sustainability | Moderate | Medium | Project Planning | Annual section plan | Effective | Annual section plan | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Moderate | Medium | External or internal body/group oversight | Direction is taken from SA Health, guidelines and Food Inspection Policy | Effective | Direction is taken from SA Health, guidelines and Food Inspection Policy | | Political | Insignificant | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | High | Reporting schedules | SA Health (SA Public Health Act and Food Act) annual reporting. | Effective | SA Health (SA Public Health Act and Food Act) annual reporting. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| 678 | **Council fails to provide the correct information in response to a section 7* request. (*Section 7 of the Land and Business (Sale and Conveyancing) Act 1994.** | Short timeframe to respond.<br>High volume of requests.<br>Data extracts required from multiple systems.<br>Employee fails to follow correct procedure. | Legislation breaches.<br>Financial impacts.<br>Poor resident experience (via real estate agent or conveyancer).<br>Loss of confidence in Council by individual resident. | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Compliance/Legal | Minor | High | Policy, Process or Procedure | Procedure in place (includes checklist). | Effective | Third Party Liability coverage provided by Councils insurance Scheme | Rare: May occur in exceptional circumstances. Could be incurred in a 5-30 year timeframe. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Service Delivery | Insignificant | Medium | Inspections | Senior team leader oversight. Review selects high level risks (notices, heritage listings and conditions) only. Verification of information held in DAP system. | Effective | Manager oversight of information prior to completion of task. | | Service Delivery | Insignificant | Low | Yes |
| | | | | | Financial/Business Sustainability | Moderate | High | Training and Qualifications | New staff members are given training, senior staff members buddy process and team leader oversight. | Effective | Documents cannot be edited once process is complete. New staff are not put on the section 7 | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Environment | Insignificant | Medium | Delegation of Authority | Signed delegation required for section 7"s before they are sent out. | Effective | Second factor authentication of highest priority risks, TL and senior and Manger | | Environment | Insignificant | Low | Yes |
| | | | | | Reputation/Community Expectation | Insignificant | Medium | System controls | Once section 7"s are complete and signed off they can not be edited. | Effective | Staff members are effectively trained. Reissued rather than edited. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | | | | Corporate Policies & Procedures | Insurance in place. | Effective | Procedures are in place for complete process. | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Planning, Governance and Regulatory Services** | | | | | | | | | | | | | | | | |
| 826 | **Council is unable to fully enforce the SA Public Health Act legislation in regards to onsite waste water management in some areas.** | No offsite wastewater disposal in some areas of Council.<br>Large number of Septic tanks, Above ground irrigation and below ground soakage trenches in the area.<br>Properties are not connected or have no access to a Community Wastewater Management Systems (CWMS) or SA Water sewer infrastructure. Ageing systems, poor soil conditions and inadequate allotment sizes (for onsite disposal) contribute.<br>Systems approved under older standards by SA Health commission, (not council). prior to 1995. | Increased number of Environmental / Public Health Complaints and the related actions and activity. (wastewater discharged at surface level, wastewater flows from property to property)<br>Increased number of official public health notices given out by Council. (so its captured in a section 7 search).<br>Wastewater not properly disposed of creating a health hazard<br>Developments and re-development can be limited in the areas effected<br>Residents with a notice discovered in a section 7 notice may experience complications when selling property<br>Council can undertake work and charges residents | Likely: Will probably occur in most circumstances – several times a year. | Reputation/Community Expectation | Insignificant | Medium | Policy, Process or Procedure | Non-complying onsite waste water system decision tree. | Effective | Manages councils risk, gives staff a process to follow for best possible outcomes. | Likely: Will probably occur in most circumstances – several times a year. | Reputation/Community Expectation | Insignificant | Medium | Yes |
| | | | | | Environment | Moderate | High | Policy, Process or Procedure | Sellicks Beach Waste Water issues procedure. and Waste water application and inspection procedures. | Majority Effective | Sellicks Beach Waste Water issues procedure was updated and communicated to staff | | Environment | Insignificant | Medium | Yes |
| | | | | | Compliance/Legal | Moderate | High | Legislative monitoring | Regular yearly inspections of identified failing or non-compliant systems. | Partially Effective | Conduct a review of current Notices, and follow-up those that are considered to be a higher risk to public health, conducting inspections where required. | | Compliance/Legal | Minor | Medium | Yes |
| | | | | | | | | Training and qualifications | Staff are trained to use the onsite wastewater flow chart. | Effective | Staff understand processes to manage -non-compliance to the best of their ability | | | | | |
| | | | | | | | | Dedicated staffing resources | Environmental Health Team - Specific roles dedicated to community waste water management. | Effective | Staff specifically targeting risk areas. | | | | | |
| | | | | | | | | Query escalation / investigation | Team meetings provide opportunity to discuss method of approach and case file examination. | Effective | Allows to staff to question process and procedure as well as verify actions taken are correct. | | | | | |
| | | | | | | | | External or internal body/group oversight | SA Health - Review of code - Staff Member on group. Officer attends special interest group specifically for waste water. | Effective | Allows for knowledge growth and transfer. | | | | | |
| | | | | | | | | Legal advice | Information added to section 7 requests. Review advice that is provided. | Effective | Legal advice was received and wording updated for the Statutory requirements was meet | | | | | |
| 1175 | **Council is unable to manage cemetery records efficiently** | Cemetery Solutions was not integrated as part of Project 3.<br>Data entry error.<br>No audit trail in spreadsheet<br>Manual process | Increased likelihood of breach of Burial and Cremation Act 2013<br>Increased likelihood of loss of historical data<br>Operational inefficiencies<br>Reduced accuracy in cemetery records<br>Reputational damage | Possible: Could be incurred within a one – two year period. | Compliance/Legal | Minor | Medium | Data Change Validation | Temporary spreadsheet for managing cemetery data. | Partially Effective | Transitional arrangement pending deliver of planned solution, due in Project 3 but yet to be delivered. OneCouncil module is on hold as alternative solutions are investigated | Possible: Could be incurred within a one – two year period. | Compliance/Legal | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Moderate | Medium | | | | | | Reputation/Community Expectation | Moderate | Medium | Yes |
| 4 | **Breach of confidentiality by Elected Members or employees.** | Staff or EM doing the wrong thing accidentally.<br>Staff or EM not understanding the correct process / procedure.<br>Will-full disclosure by staff or EM. | Elected members breach confidentiality policies and procedures.<br>Community Plan 2030 Performance.<br>ICAC / Ombudsman investigations.<br>Code of conduct breaches.<br>Damaged relationships between EM's.<br>Negative Media coverage.<br>Resident complaints. | Likely: Will probably occur in most circumstances – several times a year. | Compliance/Legal | Major | High | Training and qualifications | Elected member training and development program | Majority Effective | Behavioural Standards and Integrity Provision training as part of the induction and refresher training every 2 years for council members | Possible: Could be incurred within a one – two year period. | Compliance/Legal | Minor | Medium | Yes |
| | | | | | Employee Welfare/Public Safety | Moderate | High | Code of conduct | Code of conduct for Employees Policy | Majority Effective | Documented expectations of values and behaviours provided during the induction process | | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | Training and qualifications | Employee training and development program. Induction program for employees. | Majority Effective | Employee training and development program. Induction program for employees | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Political | Moderate | High | Training and qualifications | Induction Program for EM | Majority Effective | Induction Program for EM and regular refresh training regarding legal obligations | | Political | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Major | High | Communication strategy | Information updates through Weekly News, Annual report. EM Website | Effective | Information updates through Weekly News, Annual report. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Moderate | High | Policy Process or Procedure | EM Policy & Procedures. | Majority Effective | Policies and Procedures are available in the EM Website | | Service Delivery | Insignificant | Low | Yes |
| | | | | | | | | Dedicated staffing resources | Civic & Elected Member Liaison team advisory service | Effective | Conflict of interest provision and EM enquiry system. Dashboard | | | | | |
| | | | | | | | | System controls | Encryption placed on emails with highly sensitive content.<br>Confidential items uploaded to EM website which is only accessible by password and corporate email address. | Majority Effective | Email encryption prevents instant forwarding of sensitive content.<br>EM website access controls prevent unauthorised access. | | | | | |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Planning, Governance and Regulatory Services** | | | | | | | | | | | | | | | | |
| 87 | **Failure by Elected Member or Employee to identify or disclose conflict of interest.** | Not understanding requirement.<br>Lack of training.<br>Failure to complete / update register of interest.<br>Failure to publish register of interest.<br>Failure to disclose information required in election process. | Fraudulent or corrupt behaviours are exhibited within council.<br>Code of Conduct complaints.<br>Reputation impacts.<br>ICAC Investigations.<br>Ombudsman investigations.<br>Service Delivery (staff resources / timely responses).<br>Disgruntled residents. | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Compliance/Legal | Catastrophic | Extreme | Policy Process or Procedure (Conflict of interest declaration documentation) | Conflict of interest declaration process. Contracts Tenders and Purchasing Policy. Staff induction process. 2nd employment procedure. On boarding process. | Majority Effective | Conflict of interest dec. Contract Tenders and Purchasing Policy. Staff induction,. 2nd employment | Possible: Could be incurred within a one – two year period. | Compliance/Legal | Minor | Medium | Yes |
| | | | | | Financial/Business Sustainability | Minor | High | Code of conduct | Code of conduct for Employees Policy | Majority Effective | Documented expectations of values and behaviours provided during the induction process | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Political | Moderate | High | Training and qualifications | Elected member training and development program | Majority Effective | Behavioural Standards and Integrity Provision training as part of the induction and refresher training every 2 years for council members | | Political | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Major | Extreme | Legislative monitoring | EM and Prescribed officer registers of interest. | Majority Effective | Update on annual basis, forms to be completed and updated on the register | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Major | Extreme | Training and qualifications | On boarding process. eLearning awareness programs. Elected member training (refresh 2 years). | Majority Effective | On boarding process. And eLearning awareness programs. | | Service Delivery | Insignificant | Low | Yes |
| | | | | | | | | Policy Process or Procedure (Reminder e-mails sent) | EM"s are emailed prior to each meeting with information on how to report / disclose potential conflicts and disclosure forms provided in each agenda. | Effective | Reminding EM's triggers questions and encourages disclosure. | | | | | |
| 89 | **Elected Members fail to comply with legislative obligations (civic governance requirements) under the Local Government Act 1999.** | Accidental or deliberate breach of code of conduct by individual member or group of members.<br>Lack of due care and attention to official process.<br>Inadequate training.<br>Lack of understanding of EM role under Local Government Act 1999. | Increase in resident complaints.<br>Investigations Ombudsman and ICAC.<br>Damaged relationships between elected members, residents and administration.<br>Cost of investigations.<br>Impact on staff resources.<br>Poor media coverage. | Likely: Will probably occur in most circumstances – several times a year. | Compliance/Legal | Major | High | Training and qualifications | Elected member training and development program. Induction program for EM. If breach occurs extra training is scheduled specifically targeted on breach. | Effective | Elected member training and development program. Induction program for EM. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Minor | Medium | Communication strategy | Reminders of obligations in Weekly News and prior to all meetings via email. Council meetings are recorded and published. | Effective | Reminders of obligations in Weekly News and email. Meetings are recorded and published. | | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | Dedicated Staffing Resources | Civic Governance Team provides support and guidance to EM"s | Effective | Team provides constant level of support. | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Minor | Medium | Investigations and Studies | Investigation reports are published in Council's Agenda after any breach. | Effective | Post incident reviews. | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Moderate | High | | | | | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Moderate | High | | | | | | Service Delivery | Minor | Low | Yes |
| 94 | **Insufficient information management compliance leads to non conformance with State Records Act.** | Records, including those of EM not correctly recorded in line with policy and procedures.<br>Deliberate deletion.<br>Records being stored on external drives.<br>Aged paper records.<br>Incorrect disposal of records.<br>Untimely / inappropriate release of records | Information loss and limited documentation traceability.<br>Intellectual property loss.<br>Records not able to be relied upon.<br>Records not available on request.<br>Breach of act, investigation and recovery cost.<br>Archiving / printing costs.<br>Staff performance management.<br>Process reviews will be required. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Major | Medium | System controls | CIA transition to Cloud<br>Introduction of disposal module | Effective | CIA transition to Cloud<br>Introduction of disposal module | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Insignificant | Low | Policy Process or Procedure | Information & Records management policy and procedures.<br>Information & Records Management Assurance Program. | Effective | Information & Records management policy and procedures. | | Financial/Business Sustainability | Insignificant | Low | Yes |
| | | | | | Political | Minor | Low | Information & Records Management | Records storage systems (M-archive / Pathway / JDE). | Effective | Records storage systems (M-archive / Pathway / JDE). | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Minor | Low | Query escalation / investigation | Independent investigation for major incidents that pose a high risk | Partially Effective | Process Reviews after incident. Actions recorded as part of IA actions. | | Reputation/Community Expectation | Insignificant | Low | Yes |
| | | | | | Service Delivery | Moderate | Medium | | | | | | Service Delivery | Insignificant | Low | Yes |
| 97 | **Breach of ICAC legislation.** | Deliberate or accidental corruption, maladministration and misconduct by staff and/or elected members.<br>Deliberate or accidental disclosure of sensitive information.<br>Public Interest Disclosure Act - Requests.<br>Failure to disclose / report suspicions. | Non-compliance with ICAC reporting obligations.<br>Reputational damage.<br>Poor media coverage.<br>Political relationships damaged.<br>Resources required for Investigations.<br>Financial impacts of investigations (resolution of issues or enforced undertakings).<br>Staff and Elected Member disciplinary processes.<br>Erosion of trust.<br>Staff morale damaged.<br>Service delivery can be effected by diverted resources. | Likely: Will probably occur in most circumstances – several times a year. | Compliance/Legal | Catastrophic | Extreme | Training and qualifications | Staff training. On-boarding. | Majority Effective | Staff training.<br>On-boarding.<br>ICAC Survey to all staff. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Major | High | Policy Process or Procedure | Guidelines for reporting ICAC / OPI. | Effective | Guidelines for reporting ICAC / OPI. | | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Financial/Business Sustainability | Minor | Medium | Training and qualifications | Elected member training and development program | Majority Effective | Behavioural Standards and Integrity Provision training as part of the induction and refresher training every 2 years for council members | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Catastrophic | Extreme | Training and qualifications | On boarding process. eLearning awareness programs. Elected member training (refresh 2 years). | Majority Effective | On boarding process. And eLearning awareness programs. | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Catastrophic | Extreme | | | | | | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | Service Delivery | Moderate | High | | | | | | Service Delivery | Minor | Low | Yes |

| Risk ID | Risk Description | Causes | Impact | Inherent Risk Rating | | | | Control Measures | Control Description | Control Effectiveness | Control Effectiveness Description | Residual Risk Rating | | | | Residual Risk within Appetite |
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| | | | | Likelihood | Category | Consequence | Risk Level | | | | | Likelihood | Category | Consequence | Risk Level | |
| **Planning, Governance and Regulatory Services** | | | | | | | | | | | Arrows indicate change in rating since February 2026 report | | | | | |
| 155 | **Ineffective Risk management systems.** | Lack of or outdated risk management frameworks.<br>Lack of knowledge in staff.<br>Lack of accountability.<br>Deliberate and will-full mismanagement. | Projects not adequately assessed for risk.<br>Potential financial impacts from project risks.<br>Decision making not considerate of all potential failures.<br>Liability Risks, acceptance of others liability.<br>Harm to Staff, residents, and visitors.<br>Process Reviews will be required. | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Major | Medium | Dedicated staffing resources | Governance Manager and Risk Officer | Majority Effective | Staffed resources to manage risks | Unlikely: Could be incurred in a two - five year time frame. | Compliance/Legal | Minor | Low | Yes |
| | | | | | Employee Welfare/Public Safety | Major | Medium | Policy Process or Procedure | Risk framework | Majority Effective | Risk Framework | | Employee Welfare/Public Safety | Minor | Low | Yes |
| | | | | | Environment | Moderate | Medium | Risk Review | Risk Assessments Scheme periodic assessments | Effective | Gap identification | | Environment | Insignificant | Low | Yes |
| | | | | | Financial/Business Sustainability | Moderate | Medium | Training and qualifications | Staff training. On-boarding process | Majority Effective | Risk management training provided to during the induction process | | Financial/Business Sustainability | Minor | Low | Yes |
| | | | | | Political | Moderate | Medium | Query escalation / investigation | Independant investigation for major incidents that pose a high risk | Partially Effective | Process Reviews after incident. | | Political | Minor | Low | Yes |
| | | | | | Reputation/Community Expectation | Major | Medium | Internal Audit | Internal Audit Program | Effective | Internal Audit planning. Identifies audit profile for coming years, and reviews controls in place across the organisation. | | Reputation/Community Expectation | Minor | Low | Yes |
| | | | | | Service Delivery | Major | Medium | External Review | Financial Independent Audit | Majority Effective | Letter of compliance is provided to ARC and Council | | Service Delivery | Minor | Low | Yes |
| 1176 | **Misuse of Artificial Intelligence (AI) technology** | Use of free AI tools without assessment<br>Lack of understanding on how AI can and cannot be used<br>Lack of staff training<br>Use of AI content without validation<br>Insufficient security resources | Potential data privacy breaches<br>Incorrect or misleading information used during decision making<br>Loss of public trust<br>Environmental impact (increased energy consumption, carbon emissions, and resource usage) | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Compliance/Legal | Catastrophic | Extreme | Policy, Process or Procedure | AI Policy | Partially Effective | AI Policy ensures that AI systems are designed and deployed responsibly, with mechanisms for monitoring and addressing ethical concerns. AI Policy is under review penidng outcomes of the LGITSA Group of the development of the AI Framework | Possible: Could be incurred within a one - two year period ↓ | Compliance/Legal | Minor | Medium | Yes |
| | | | | | Employee Welfare/Public Safety | Moderate | High | Training and qualifications | Navigating Artificial Intelligence - Online Module | Partially Effective | Council provides training emphasizing ethical considerations, legal obligations, and best practices for responsible AI use. This is not a mandatory training module and is an e-learning module teaching the basics. | | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Financial/Business Sustainability | Major | Extreme | External or internal body/group oversight | AI Working group initially established to be reassesed and confirmation as to project lead. | Partially Effective | Council established a cross-functional collaboration between ICT, Governance and business stakeholders to facilitate AI knowledge sharing and learning opportunities. Meeting occurs twice a year. | | Financial/Business Sustainability | Moderate | Medium ↓ | Yes |
| | | | | | Political | Moderate | High | Risk Review | Operational AI Risk Assessment | Partially Effective | To be reviewed and updated | | Reputation/Community Expectation | Minor | Medium | Yes |
| | | | | | Reputation/Community Expectation | Catastrophic | Extreme | Training and qualifications | Awareness program | Partially Effective | Awareness program for the new AI Policy | | Service Delivery | Moderate | Medium ↓ | Yes |
| | | | | | Service Delivery | Minor | High | Risk Review | Use case of Generative AI under development by ICT | Ineffective | Under development | | Political | Minor | Medium | Yes |
| 1231 (New) | **Failure to take advantages of opportunities presented by Artificial Intelligence (AI)** | Lack of an AI strategy or governance framework.<br>Limited awareness or understanding of AI capabilities.<br>Insufficient skills, training, or resources.<br>Risk-averse culture or resistance to change.<br>Unclear legal, privacy, and ethical requirements.<br>Inadequate investment in technology. | Opportunities for productivity improvements may be missed.<br>AI tools may be used inconsistently across the organisation.<br>Staff may lack guidance on responsible AI use.<br>Council may fall behind sector peers in leveraging emerging technologies. | Almost Certain: Expected to occur again, immediately or within a short period – likely to occur most weeks or months. | Compliance/Legal | Moderate | High | Policy, Process or Procedure | AI Policy | Partially Effective | AI Policy ensures that AI systems are designed and deployed responsibly, with mechanisms for monitoring and addressing ethical concerns. AI Policy is under review penidng outcomes of the LGITSA Group of the development of the AI Framework | Likely: Will probably occur in most circumstances – several times a year. | Compliance/Legal | Minor | Medium | Yes |
| | | | | | Employee Welfare/Public Safety | Moderate | High | Training and qualifications | Navigating Artificial Intelligence - Online Module | Partially Effective | Council provides training emphasizing ethical considerations, legal obligations, and best practices for responsible AI use. This is not a mandatory training module and is an e-learning module teaching the basics. | | Employee Welfare/Public Safety | Minor | Medium | Yes |
| | | | | | Financial/Business Sustainability | Moderate | High | External or internal body/group oversight | AI Working group initially established to be reassesed and confirmation as to project lead. | Partially Effective | Council established a cross-functional collaboration between ICT, Governance and business stakeholders to facilitate AI knowledge sharing and learning opportunities. | | Financial/Business Sustainability | Moderate | High | Yes |
| | | | | | Reputation/Community Expectation | Minor | High | Training and qualifications | Awareness program | Partially Effective | Awareness program for the new AI Policy | | Reputation/Community Expectation | Minor | Medium | Yes |
| | | | | | Service Delivery | Moderate | High | Risk Review | Operational AI Risk Assessment | Partially Effective | To be reviewed and updated | | Service Delivery | Moderate | High | Yes |
| | | | | | Political | Minor | High | Risk Review | Use case of Generative AI to be developed by appropiate team | Ineffective | Under development | | Political | Minor | Medium | Yes |

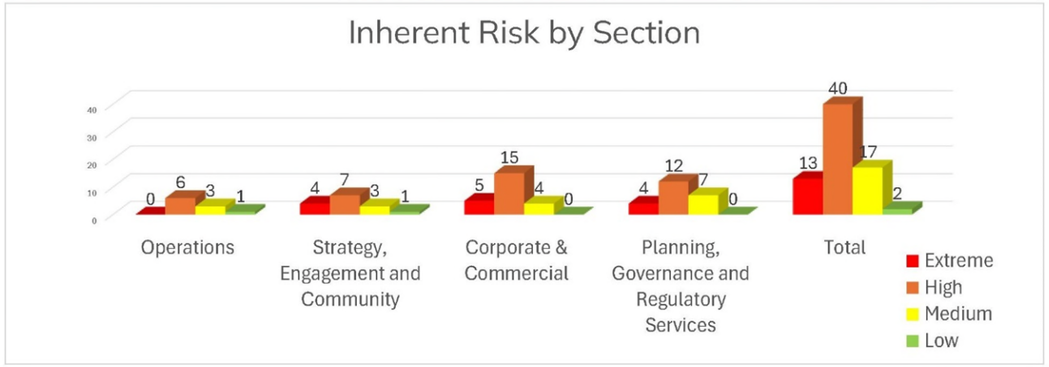
# City of Onkaparinga - Corporate Risk Dashboard August 2026

| Total Risks | New Risks | Archived Risks | Outside Appetite |
|---|---|---|---|
| 72 | 1 | 2 | 0 |

## Inherent Risk Profile

| Likelihood | Consequence | | | | |
|---|---|---|---|---|---|
| | Insignificant | Minor | Moderate | Major | Catastrophic |
| Almost Certain | 0 | 0 | 4 | 3 | 7 |
| Likely | 0 | 1 | 9 | 12 | 3 |
| Possible | 0 | 5 | 5 | 7 | 7 |
| Unlikely | 0 | 1 | 1 | 4 | 1 |
| Rare | 0 | 0 | 1 | 0 | 1 |

13 Extreme 40 High 17 Medium 2 Low




## Control effectiveness

Effective: 285 (68%) | Majority Effective: 70 (17%) | Partially Effective: 54 (12%) | Requires Significant Improvement: 2 (1%) | Ineffective: 7 (2%)

## Residual Risk Profile

| Likelihood | Consequence | | | | |
|---|---|---|---|---|---|
| | Insignificant | Minor | Moderate | Major | Catastrophic |
| Almost Certain | 0 | 0 | 0 | 0 | 0 |
| Likely | 1 | 5 | 3 | 1 | 0 |
| Possible | 2 | 9 | 6 | 0 | 1 |
| Unlikely | 2 | 18 | 6 | 3 | 0 |
| Rare | 1 | 6 | 7 | 1 | 0 |

0 Extreme 5 High 29 Medium 38 Low



# 7. Reports of officers for noting

## 7.5 ARC ACTIONS ARISING FROM MEETINGS

| Report contact | Meeting |
|---|---|
| Nicole Roberts, Team Leader Corporate Governance | Audit and Risk Committee |
| **Manager** | |
| Ben Harkin, Manager Governance | |
| **Approving officer** | **Date** |
| Renee Mitchell, Director Planning, Governance and Regulatory Services | 27 August 2026 |

### 1. Purpose

To provide to the Audit and Risk Committee (ARC) an update on the status of actions arising from previous ARC meetings. This process allows for actions to be tracked and reported back to the ARC on progress.

### 2. Recommendations

**That the Audit and Risk Committee note the status of actions arising from previous meetings contained in Attachment 1 to the agenda report.**

### 3. Executive summary

This report assists the ARC to monitor feedback provided, arising from meeting discussions (which are not separately contained within recommendations).

This report is provided to the ARC with updates included in the Attachment (as at 27 August 2026).

Where actions arising in Attachment 1 have been completed the content is removed after being sighted at an ARC meeting. Completed actions and discussions are then maintained in a separate list.

### 4. Background

| | |
|---|---|
| Policy and/or relevant legislation | Nil |
| Who did we talk to/who will we be talking to | Internal stakeholders with action items |

### 5. Discussion

These actions are separate to the ARCs resolutions, which are made for each item and available through the ARC minutes and tasked to relevant officers.

The list of outstanding actions arising is contained in Attachment 1 with actions outstanding shown in red and completed actions and comments in green and information notes in **black**.

The actions arising attachment is provided with the minutes to the next Council meeting following the ARC meeting, in accordance with the ARCs Terms of Reference.

## 6. Financial implications

Nil

## 7. Risk and opportunity management

| Risk | |
|---|---|
| **Identify** | **Mitigation** |
| Employee welfare/public safety | Monitoring agreed actions arising out of the ARCs discussions ensures the actions are considered. |
| Reputation/community expectation | |
| Political | |
| Financial/business sustainability | |
| Environment | |
| Compliance/legal | |
| Service delivery | |

| Opportunity | |
|---|---|
| **Identify** | **Maximising the opportunity** |
| The actions arising assists with ensuring that actions (that aren't resolutions) are captured and monitored. | Regular reporting against the actions ensures that feedback is considered appropriately, and loops back to the ARC on action taken. |

## 8. Timelines and deadlines

Nil

## 9. Next steps

Quarterly updates provided to each ARC meeting.

## 10. Attachments

Attachment 1 – Audit and Risk Committee Actions Arising 2025/2026 as at 27 August 2026 (5 pages)

- END OF REPORT –

## Attachment 1

## Audit and Risk Committee – Discussion and Actions Arising 2025/26 as at 27 August 2026

| Meeting Date | Agenda Item | Actions<br>Black = discussion<br>Red = action outstanding<br>Green = action completed | Progress Update<br>Black = comment<br>Green = completed (removed once seen by ARC) | Date completed |
|---|---|---|---|---|
| 6 Feb 2025 | 7.3<br>Quarterly Finance Report including Budget Review 2 | Questioned re incentives if rate payers pay in one instalment their annual rates. Administration to consider this further. | Manager Finance confirmed this is to be incorporated as part of the comprehensive review of the LTFP due to the financial impacts. | |
| 5 Feb 2026 | 7.9<br>Corporate Risk Review – January 2026 | ARC discussed the new risk identified and the value in that risk being added. Noting rising costs for community and sporting clubs and the challenges.<br><br>ARC provided comment on Attachment 2 in the report and suggested a Risk Tolerance column to be inserted and then consider removal of other columns and include explanation around variances. Such information then goes to Council.<br><br>Corporate Risk Dashboard attachment to be updated (Summary Residual Risks Outside Appetite). | Included in the Corporate Risk report for 27 August 2026 | Aug 2026 |
| 7 May 2026 | 7.1<br>2025-26 External Audit Interim Management Letter | Discussion by external audit provided on the external audit undertaken. Queries around the finding relating to the grants register. External auditor was happy with administration's response and appreciates the existing controls.<br><br>Discussion around debt recovery and the remaining number of debts. Administration to advise the starting point for the number of debts.<br><br>Discussion around financial delegations and what is approved by Council.<br><br>ARC noted it was good to see a number of audit actions completed. | As at 16 July there were 3,328 overdue miscellaneous charges at a balance of $1,818,730. There were 8,634 rates debtors in arrears for a total value of $12,867,897.<br><br>The balance of rates arrears has remained relatively consistent since transition from Pathway to OneCouncil, at which point in | July 2026 |

| Meeting Date | Agenda Item | Actions<br>Black = discussion<br>Red = action outstanding<br>Green = action completed | Progress Update<br>Black = comment<br>Green = completed (removed once seen by ARC) | Date completed |
|---|---|---|---|---|
| | | | time the value of rates arrears was $12,261,324. | |
| 7 May 2026 | 7.2<br>Internal Audit Report – Contractor Management | Discussion by internal audit provider on the internal audit undertaken and the findings. ARC queried inconsistency around the use of Skytrust. Administration advised that while Skytrust is well used for staff incidents we are currently transitioning to Skytrust for contractor management. | No further meeting actions. | |
| 7 May 2026 | 7.3<br>Internal Audit Report – Volunteer Management | Discussion by internal audit provider on the internal audit undertaken and the findings. ARC queried the timeframes for completing audit actions when the findings are high risk. Administration advised there was discussion with KPMG regarding both the risk rating and timeframes and ARC were happy this had been challenged. | No further meeting actions. | |
| 7 May 2026 | 7.4<br>Audit and Risk Committee Development of Suite of Recommendations on Matters of Financial Significance | ARC discussed the holding of a workshop with elected members. They would like to see further information about the LTFP and give consideration to other funding sources including different ways to manage assets.<br><br>Resolution updated. | Workshop held 4 August 2026, with a report from the ARC Chair circulated as part of the pre-reading pack. | |
| 7 May 2026 | 7.5<br>Asset Revaluations – 31 December 2025 | ARC discussed the removing of residuals and the increase in depreciation and the useful life of assets.<br><br>Administration advised the Finance section is currently reviewing depreciation across all asset classes. | No further meeting actions. | |
| 7 May 2026 | 7.6<br>Quarterly Finance Report including Budget Review 3 | ARC discussed:<br>- Deficit figure and capital renewal income<br>- Cash flow and carry forwards<br>- Timing issue in relation to urban creek recover program<br>- Project expenses<br><br>Administration to provide an explanation in simple terms to explain the financial statements. | The Quarterly Finance Update report will be updated to include an explanation of the financial | July 2026 |

| Meeting Date | Agenda Item | Actions<br>Black = discussion<br>Red = action outstanding<br>Green = action completed | Progress Update<br>Black = comment<br>Green = completed (removed once seen by ARC) | Date completed |
|---|---|---|---|---|
| | | | statements in terms that can be easily understood by non-financial report users. | |
| | | Administration to report against ARC's concern over the impact on carryovers of any shortfall in the accelerated expenditure required in the last quarter to meet full year BR2 budget for expenses on asset renewal and new and significant upgrades. | The Quarterly Finance Update will incorporate a summary of project budgets proposed to be carried forward to 2026-27, including explanations as to why projects were not delivered within the 2025-26 financial year. | |
| | | Director Corporate to provide response regarding revenue to offset increase in costs to Willunga Golf Course and Visitor Information Centre. | Visitor Information Centre - As income has exceeded budgeted targets throughout the year, council has strategically used that as an opportunity to offset additional expenses via the budget review process.<br><br>Willunga Golf Course - A range of operational improvements and efficiency measures implemented at this site have resulted in an operating surplus in 2025–26. This improved financial performance has been reflected in the 2026–27 budget. | |
| 7 May 2026 | 7.7<br>Information and Communications Technology (ICT) Report | ARC discussed the report and if enough information about the project was provided especially in relation to efficiency and financial savings. Administration advised that there were no baseline measurements to compare against and was no post implementation review undertaken. | No further meeting actions.<br><br>Following the meeting, the CEO undertook a review of the historical information relating to the ICT Reform Project and | May 2026 |

| Meeting Date | Agenda Item | Actions<br>Black = discussion<br>Red = action outstanding<br>Green = action completed | Progress Update<br>Black = comment<br>Green = completed (removed once seen by ARC) | Date completed |
|---|---|---|---|---|
| | | ARC noted that KPMG are currently undertaking an internal audit in relation to One Council.<br><br>Resolution updated. | circulated a briefing note regarding this review. | |
| 7 May 2026 | 7.8<br>Information Technology Services Strategy | ARC discussed the ITS strategy generally.<br><br>Resolution updated. | No further meeting actions. | |
| 7 May 2026 | 7.9<br>Project Management Framework Review | ARC asked if the deliverables should have timeframes associated with them (not just a final project completion date) however no amendments were suggested to the project scope. | No further meeting actions. | |
| 7 May 2026 | 7.10<br>Risk Management Framework Review – April 2026 | ARC agreed the Risk Management Framework is a mature document and commended the administration on the work it has done to update the document.<br><br>ARC queried figures if they were correct for financial impact in the consequence table. | Figures relating to financial impact in the consequence table were correct albeit difficult to read in the tracked version. | May 2026 |
| 7 May 2026 | 7.11<br>ARC Annual Performance Review Discussion 2025-26 | ARC discussed how it would like to review its performance against its Terms of Reference and what value it adds.<br><br>ARC member to draft template for a set of questions to be completed at the end of each meeting.<br><br>Resolution updated. | No further meeting actions. | |
| 7 May 2026 | 7.12<br>ARC Actions Arising from Meetings | No further comments. | No further meeting actions. | |
| 7 May 2026 | 7.13<br>Corporate Governance Third Quarter 2025-26 | No further comments. | No further meeting actions. | |
| 7 May 2026 | 7.14<br>Strategic Risk Review – April 2026 | ARC queried how emerging risks are captured and why is administration accepting six out nine strategic risks outside of the risk appetite.<br><br>Resolution updated to note emerging fuel risk and its impact on council's business. | Risk appetite to be re-considered with changes from Risk Management Framework and report back to ARC for 5 November 2026 meeting. | |

| Meeting Date | Agenda Item | Actions<br>Black = discussion<br>Red = action outstanding<br>Green = action completed | Progress Update<br>Black = comment<br>Green = completed (removed once seen by ARC) | Date completed |
|---|---|---|---|---|
| 7 May 2026 | 7.15<br>Audit and Risk Committee Workplan – Remainder of FY2025-26 | No further comments. | No further meeting actions. | |
| 7 May 2026 | 7.16<br>Internal Audit Quarterly Update | No further comments. | No further meeting actions. | |
| 7 May 2026 | 7.17<br>**CONFIDENTIAL**<br>Internal Audit Action Items | Confidential discussion on the internal audits. | No further meeting actions. | |

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## 7.6 CORPORATE GOVERNANCE 4TH QUARTER 2025-26

| Report contact | Meeting |
|---|---|
| Nicole Roberts, Team Leader Corporate Governance | Audit and Risk Committee |
| **Manager** | |
| Ben Harkin, Manager Governance | |
| **Approving officer** | **Date** |
| Renee Mitchell, Director Planning, Governance and Regulatory Services | 27 August 2026 |

### 1. Purpose

The Terms of Reference of the Audit and Risk Committee (ARC) includes the ARC receiving Corporate Governance quarterly information.

### 2. Recommendations

**That the Audit and Risk Committee receive and note the Corporate Governance 4th quarter 2025-26 report.**

### 3. Executive summary

The purpose of this report is to highlight work that has been completed within council's Corporate Governance function for the 4th quarter of 2025-26.

This report is provided in accordance with ARC's Workplan.

### 4. Background

| | |
|---|---|
| Policy and/or relevant legislation | *Local Government Act 1999*<br>*Freedom of Information Act 1991*<br>Risk Management Framework<br>Internal Review of Council Decisions (s270) Administrative Procedure |
| Who did we talk to/who will we be talking to | Corporate Governance team |

### 5. Discussion

**Risk Management Update**

*Strategic Risk Profile*

The Strategic Risks report was provided to the 7 May 2026 ARC meeting.

The Strategic Risks profile remained stable throughout 2025/26. Inherent risk levels continue to range from High to Extreme, with the most prevalent residual risk profile being Medium. Six (6) strategic risks remain outside Council's risk appetite due to financial consequence ratings. These were included in the 7 May 2026 ARC meeting report.

Emerging risks were primarily driven by external factors, including fuel supply security, rising fuel costs associated with global geopolitical instability and supply chain disruptions, and environmental challenges such as the algal bloom issue and the impacts of climate change.

*Corporate Risk Profile*

The Corporate Risks report is provided as a separate report to the 27 August 2026 ARC meeting.

*Risk Assessments*

- Consideration of nine (9) risk assessments have been undertaken this quarter for community run events/activities, with feedback provided to the Property Transactions team who provide permits for such events.
- Risk advice has been provided for key activities including Expression of Interest (EOI) Assessment Process for the ENCORE Summer Activation 2025/26, golf driving range at Port Noarlunga, employees supporting community facing events, Youth Week Wardli Block Party, and the Pride Picnic event.
- AI Operational Risk Register will continue to be reviewed and refined as council's use and governance of AI technologies matures.

## Climate Risks and Onkaparinga Climate Risk Governance Working Group (CRGWG)

A review of progress on the Climate Governance, legal risks report and physical risks is currently being undertaken. A comparison of the National and State climate risk reports is being undertaken to ascertain the links to our climate risk assessment and any opportunities it will provide. An annual update will be provided to the February 2027 ARC meeting.

## Emergency Management

The focus in the emergency management area this quarter has been on the emerging risk of H5 Avian Influenza (bird flu). A working group has been formed to analyse council's exposure and propose controls to mitigate the risk, noting that the Control Agency for this hazard is Primary Industries and Regions South Australia (PIRSA).

The fuel supply risk working group has been paused at this stage.

Other work undertaken during this quarter includes preparing the organisation for the AusAlert national test.

## Freedom of Information (FOI)

Information may be requested from Council under the *Freedom of Information Act 1991;* a request form/written request must be provided with the required application fee (unless a fee exemption is granted).

There were twenty-six (26) new FOI applications received. FOIs were determined as follows:

| FOI APPLICATION OUTCOMES | NO. |
|---|---|
| Full release | 4 |
| Partial release | 10 |
| Refused/withdrawn | 8 |
| Pending determination | 4 |

Requests received were in relation to:

- Footpaths
- Development related documents
- Beachside Food and Wine Festival
- Dog attacks

- Traffic signs
- Tree complaints
- Development compliance matters

One (1) FOI internal review was carried out within the quarter and the initial determination was varied.

One (1) FOI was reviewed externally by SACAT in June of this quarter. The council's FOI determination was affirmed by SACAT, with no further action required by council.

### Internal reviews

The Internal Review of Council Decisions Administrative Procedure, pursuant to section 270 of the *Local Government Act 1999*, provides an open and accountable process for members of the public to raise concerns regarding the decisions of Council, staff and other people acting on Council's behalf.

There were no s270 internal review requests processed for this quarter.

## 6. Financial implications

N/A

## 7. Risk and opportunity management

| Risk | |
|---|---|
| **Identify** | **Mitigation** |
| Employee welfare/public safety | The Corporate Governance function supports effective risk management, compliance and informed decision-making through ongoing governance oversight, monitoring and continuous improvement activities. |
| Reputation/community expectation | |
| Political | |
| Financial/business sustainability | |
| Environment | |
| Compliance/legal | |
| Service delivery | |

| Opportunity | |
|---|---|
| **Identify** | **Maximising the opportunity** |
| Enhanced risk analysis and assessment skills across the business | Strengthen organisational capability by embedding a proactive risk management culture across the council. |

## 8. Timelines and deadlines

Not applicable for this report.

## 9. Next steps

The next quarterly Corporate Governance update report will be presented to ARC in accordance with ARCs Workplan.

## 10. Attachments

Nil

- END OF REPORT –

## 7.7 INTERNAL AUDIT CHARTER & PLAN UPDATE

| Report contact | Meeting |
|---|---|
| Nicole Roberts, Team Leader Corporate Governance | Audit and Risk Committee |
| **Manager** | |
| Ben Harkin, Manager Governance | |
| **Approving officer** | **Date** |
| Sharon Mason, Chief Executive Officer | 27 August 2026 |

### 1. Purpose

The purpose of this report is to consult the Audit and Risk Committee (the ARC) on the proposal that the Chief Executive Officer (CEO) appoint Renée Mitchell, Director Planning, Governance and Regulatory Services, as the person primarily responsible for the internal audit function under section 125A(1) of the *Local Government Act 1999* (the Act).

The report also presents proposed amendments to the Internal Audit Charter & Plan 2024-27 concerning extensions to the completion dates of agreed internal audit actions.

### 2. Recommendations

**That the Audit and Risk Committee:**

1. **Notes the proposal that the Chief Executive Officer appoint responsibility for the internal audit function to Renée Mitchell, Director Planning, Governance and Regulatory Services, and provide its views to the Chief Executive Officer for the purposes of consultation under section 125A(1) of the *Local Government Act 1999*; and**
2. **Approves the amendments to the Internal Audit Charter & Plan 2024-27 relating to extensions to completion dates for agreed internal audit actions, based on Option 2 and as shown in Attachment 1 to the agenda report.**

### 3. Executive summary

Section 125A(1) of the Act requires the CEO to consult the ARC before appointing a person to be primarily responsible for the internal audit function. Following a minor organisational realignment in May 2026, it is proposed that Renée Mitchell, Director Planning, Governance and Regulatory Services be responsible for the internal audit function.

The report also proposes revised arrangements for extensions to internal audit action completion dates. Option 2 is recommended. It permits one extension approved in writing by the relevant Director if sought before the original due date expires. If the revised due date is not met, the action will be reported as overdue.

### 4. Background

| | |
|---|---|
| Policy and/or relevant legislation | *Local Government Act 1999*<br>City of Onkaparinga Internal Audit Charter and Plan 2024-2027 |
| Who did we talk to/who will we be talking to | Directors Group |

## 5. Discussion

### 5.1 Proposed Appointment of the Person Primarily Responsible for Internal Audit

Section 125A(1) of the *Local Government Act 1999* provides that the CEO of a council with an internal audit function must, before appointing a person to be primarily responsible for the function to an employee, consult with the ARC on the appointment.

At its meeting on 6 November 2025, the ARC noted that Jade Bird was the person primarily responsible for the internal audit function.

In May 2026, a minor organisational realignment moved the Manager Governance and Governance teams from the Director Corporate and Commercial portfolio to the Director Planning, Governance and Regulatory Services portfolio.

Following the May 2026 organisational change, it is proposed that the CEO appoint Renée Mitchell, Director Planning, Governance and Regulatory Services, with the responsibility for the internal audit function. This report provides the ARC with the opportunity to consider the proposal and provide its views before the CEO determines whether to make the appointment.

The proposed appointment does not alter the direct reporting requirements in section 125A(2). Following consultation, the CEO will consider the ARC's views and determine whether to make the proposed appointment.

### 5.2 Internal Audit Charter and Plan amendment to "Extensions to Proposed Completion Dates"

The ARC has previously requested that internal audit actions remaining incomplete after their original proposed completion date be shown as overdue, notwithstanding any approved extension. Reporting on that basis would not align with the current governance system, which records an action as current until its approved due date.

Rather than retrospectively removing approved extensions, it is proposed that the Charter wording be strengthened so that extensions are limited, approved prospectively and transparently reported to the ARC.

**Current wording:**

**"Extensions to Proposed Completion Dates**

*These must be agreed in writing by the relevant Director with updates to the ARC as to the reasons for delays in implementing agreed actions. Managers are required to attend at the request of the ARC to provide an in person update to the ARC on delays with actions."*

**Proposed wording:**

**Option 1 - no extensions**

*"No extensions to proposed completion dates are permitted. After the original agreed completion date, incomplete audit actions will be reported as overdue and an expected completion date must be provided. Managers may be required to attend ARC meetings to provide an in-person update on delayed actions."*

**Option 2 - one prospective extension**

*"A request for an extension to the due date must be agreed to, in writing, by the relevant Director, with updates to the ARC clearly setting out the reason why the extension has been granted and the cause of the delayed implementation. For actions relating to audit findings that were risk rated Medium, High or Extreme the explanation should also include what interim control measures have been implemented to mitigate the risks.*

*Extensions must be requested and approved before the original due date. Extensions requested after the due date will not be granted, nor will any further extensions. Past the approved due*

*date audit actions will show as overdue in the quarterly report, with an expected completion date to be provided along with a progress update.*

*Managers may be required to attend ARC meetings, at the request of the ARC, to provide an in person update on delays to the completion of audit actions."*

**Recommendation**

Option 2 is recommended because it strengthens accountability while recognising that a due date may need to be revised when the timing of a material dependency becomes sufficiently certain. This is particularly relevant where corrective work depends on ICT scheduling for OneCouncil or other planned system upgrades. Such work must be approved through the Strategic Technology Steering Committee and scheduled within the ICT work plan. At audit close-out, the timing may not yet be sufficiently certain to set a reliable final completion date.

Action owners remain responsible for setting evidence-based initial due dates after consulting relevant dependency owners, including ICT where applicable.

## 6. Financial implications

### Financial summary

| Item | Capital | Operating | Comment |
|---|---|---|---|
| **Budget** | | | |
| Current budget allocation | | $130,000 | $130,000 - Provision of an internal audit services |
| Additional funding required | | | No additional funding is sought through this report |
| Funding source and amount | | | Not applicable |
| Budget impact | | | Within current allocation |
| **Long Term Financial Plan (LTFP)** | | | |
| In current LTFP? | Not applicable | | |

## 7. Risk and opportunity management

| Risk | |
|---|---|
| **Identify** | **Mitigation** |
| Employee welfare/public safety | A clear statutory appointment and direct reporting pathway supports accountability for the internal audit function. Transparent controls over extensions reduce the risk that delayed audit actions remain insufficiently visible or are repeatedly deferred without appropriate scrutiny.<br>Requiring interim controls to be reported for delayed Medium, High or Extreme rated findings provides additional assurance while corrective action remains incomplete. |
| Reputation/community expectation | |
| Political | |
| Financial/business sustainability | |
| Environment | |
| Compliance/legal | |
| Service delivery | |

| Opportunity | |
|---|---|
| **Identify** | **Maximising the opportunity** |
| The proposed changes provide clarity | The Charter and Plan amendments will provide clarity on the extension process and maintain alignment with the governance system. |

## 8. Timelines and deadlines

Following consultation, the CEO will consider the ARC's views and determine whether to make the proposed appointment.

The Charter and Plan amendments will be undertaken.

## 9. Next steps

- The CEO will consider the views of the ARC and determine the appropriate appointment.
- Finalise the Internal Audit Charter & Plan 2024-27 in accordance with the recommendation.
- Implement the revised reporting arrangements for internal audit actions.

## 10. Attachments

Attachment 1 – Internal Audit Charter & Plan 2024-27 Draft (22 pages)

- END OF REPORT –

Attachment 1

# Internal Audit Charter and Plan

# 2024 - 2027

CITY OF ONKAPARINGA

## Table of Contents


1. Document control ..... 34

2. Internal Audit Charter and Plan (the Charter and Plan) ..... 45

- Purpose ..... 45
- Internal audit purpose ..... 45
- Principles ..... 45
- Standards of audit practice ..... 45
- Authority, appointment and confidentiality ..... 56
- Responsibility for internal audit function and Plan development ..... 67

3. Internal Controls ..... 89

4. The Plan development ..... 910

- Approach ..... 910
- Scope of the Plan ..... 910
- Risk management in the Plan ..... 910
- Stakeholders ..... 1011
- The Plan prioritisation process ..... 1011
- The Plan approval and updates ..... 1112

5. Communication Plan ..... 12

6. Internal Audit Program 2024-2027 ..... 14

Appendix A – Internal Audit Program by Year ..... 2224

# 1. Document control

| | |
|---|---|
| **Author – name and position**<br>(to whom changes are recommended) | Caroline Parkin, Audit and Risk Officer |
| **Stakeholders**<br>(audience and engagement groups) | Directors Group, Audit and Risk Committee (ARC) |
| **Reviewed by – name and position** | Nicole Roberts, Team Leader Corporate Governance<br>~~Desma Morris,~~Ben Harkin, Manager Governance<br>~~Jade Bird~~Renee Mitchell, Director ~~Corporate~~Planning, Governance and Regulatory Services |
| **Approved by**<br>(document owner) | Chief Executive Officer |
| **Approval date** | ~~7 December 2023~~ 27 August 2026 |
| **Approval ECM number** | 5988387 |
| **Current version number** | 1.0 – December 2023 |
| **Review cycle (number of years)** | Annually (1) and updated reviewed quarterly by the ARC |
| **History**<br>(previous review dates) | Internal Audit Charter and Plan 2021-2024 |
| **Related documents** | Risk Management Framework<br>Internal Audit Strategy 2025-2027 (ECM 7919226)<br>Internal Audit Manual (ECM 7919268) |

Electronic version on the intranet or website is the controlled version.

# 2. Internal Audit Charter and Plan (the Charter and Plan)

### Purpose

This Charter and Plan sets out the purpose, authority and responsibility of the internal audit function at the City of Onkaparinga (council). It incorporates the internal audit management in line with the Global Internal Audit Standards (the Standards).

### Internal audit purpose

The purpose of the internal audit function is to provide independent, objective assurance designed to add value and improve the council's ability to meet its Community Plan (Community Vision 2034), Long Term Financial Plan and legislative objectives. It helps the council accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

### Principles

The core principles for internal audit are:

- Demonstrates integrity
- Demonstrates competence and due professional care
- Is independent, objective, and free from undue influence
- Aligns with the strategies, objectives, and risks of the organisation
- Is appropriately positioned and adequately resourced
- Demonstrates quality and continuous improvement
- Communicates effectively
- Provides risk-based assurance
- Is insightful, proactive, and future-focused
- Promotes organisational improvement

### Standards of audit practice

Internal audit activities will be conducted in accordance with relevant professional standards including:

- the Code of Ethics and Standards for the Professional Practice of Internal Auditing issued by the Institute of Internal Auditors
- standards relevant to internal audit issued by the Australian Society of Certified Practising Accountants and the Institute of Chartered Accountants in Australia
- the Statement on Information Systems Auditing Standards issued by the Information Systems and Control Association, and
- standards issued by Standards Australia and the International Standards Organisation.

## Authority, appointment and confidentiality

Internal audits are arranged by the City of Onkaparinga. It is not a mandatory function to undertake internal audits under the Local Government Act 1999 (the Act) but is considered good practice. Council budgets are approved annually for the CEO to undertake internal audits. Where there is an internal audit function then section 125A of the Act required the CEO to have a person 'primarily responsible for the internal audit function' after consulting with the Audit and Risk Committee (ARC) and reports to be provided directly to the ARC on internal audits.

The Terms of Reference for the ARC include the function of monitoring the responsiveness of the council to recommendations for improvement and review and commenting on the internal audit reports. The ARC must also provide oversights of planning and scoping of internal audit work where the council has an internal audit work plan.

The City of Onkaparinga has an outsourced internal audit service provider, with in-house management of internal audit coordination. The internal auditor will conduct internal audits as set out in the approved Internal Audit Plan. In-house management is responsible for coordinating the necessary information for the internal auditor to undertake the audit, developing the Internal Audit Plan in liaison with relevant stakeholders, reviewing / monitoring internal financial controls and reporting to the ARC.

To ensure the independence and objectivity of the internal auditor it has been determined that an external service provider will be appointed to undertake the internal audits set out in the internal audit plan. An external provider will be appointed for a period of three (3) years, after which time an open tender procurement process for the service is undertaken.

Internal audit work may also be conducted by other external providers where the internal auditor lacks the knowledge, skill or competencies needed to perform the engagement, where there is a perceived conflict of interest or where additional internal audit activities outside the approved Internal Audit Plan are required.

The outsourced Internal Audit service provider is authorised to:

- Have unrestricted access to all relevant functions, records, property, and staff within the law, subject to strict accountability for confidentiality and safeguarding of records and information
- Have full and free access to the Audit and Risk Committee (ARC)
- Meet with the ARC chair and/or ARC without management.

## Independence and objectivity

All council staff and external providers must have an impartial, unbiased attitude and declare conflicts of interest whether actual, perceived or potential. The internal audit function will have no direct responsibility or authority over any of the activities reviewed.

For the purpose of independence, the ARC can seek to meet with senior managers, auditors or regulators, as required, without management present.

## Scope of internal audit activities

The scope of work of the internal audit function is to determine whether the governance, risk management and control processes of Council, as designed and represented, are adequate and functioning in a manner to provide a reasonable level of confidence that:

- Significant key risks are appropriately identified and managed.

- Significant financial, managerial, and operating information is accurate, reliable, and timely.
- Employees' actions comply with policies, standards, procedures, and applicable laws and regulations.
- Resources are acquired economically, used efficiently, and protected adequately.
- Programs, plans, and objectives are achieved.
- Quality and continuous improvement are fostered in Council's control process.
- Significant legislative or regulatory issues impacting Council are recognised and addressed properly.

Opportunities for business effectiveness or improvement may be identified by an audit. These opportunities will be identified in the audit report.

### Responsibility for internal audit function and Plan development

The Director ~~Corporate~~ Planning, Governance and Regulatory Services is the person 'primarily responsible' for the internal audit function (s.125A of the LG Act, with the assistance of the Manager Governance. The Manager Governance reports directly to the Director ~~Corporate~~Planning, Governance and Regulatory Services, for the delivery of the Plan.

The Team Leader Corporate Governance and Audit and Risk Officer are responsible for daily operations of the internal audit function and the development of a three-year rolling Plan, as recommended by the ARC for Council approval.

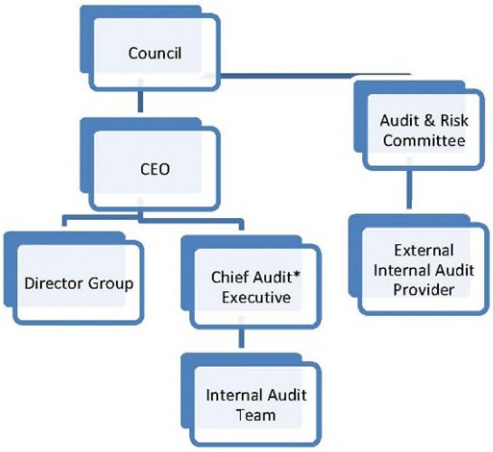
The Plan is coordinated by the Audit and Risk Officer and undertaken by the internal audit service provider. The ARC review the plan at each quarterly meeting. The Director Group also review the Plan quarterly and have an opportunity to provide feedback for consideration.

Directors and Managers are responsible for ensuring the implementation of actions in their divisions within the agreed timeframes of the audit outcomes.

The Chief Executive Officer is responsible for the allocation of resources to ensure the Plan is successfully delivered.

The appointed internal auditor service provider will administratively report to the Director ~~Corporate~~ Planning, Governance and Regulatory Services as the person 'primarily responsible for internal audit' (section 125A(2) of the Act). Reports will be provided from Director ~~Corporate~~ Planning, Governance and Regulatory Services to the ARC.

Where the Director ~~Corporate~~ Planning, Governance and Regulatory Services is responsible for non-audit activities, processes will be put in place to ensure the independence and objectivity of the internal audits.



*Note: The Global Internal Audit Standards use the title Chief Audit Executive, the LG Act uses the reference person 'primarily' responsible.

## Conflict of Interest

All council staff involved in the Internal Audit function must ensure that they declare conflicts of interest in relation to each audit in accordance with s.120 of the Act and compliance with the Employee Code of Conduct and Managing conflicts of interest procedure.

## Internal Charter Review and Update

Review annually or in event of:

- Notable change in the Global Internal Audit Standards
- Significant acquisition or reorganisation within the organisation
- Significant changes in board / audit committee / senior management
- Significant changes to organisation strategies / objectives / risk profile / environment in which it operates
- New laws or regulations affecting nature and scope of internal audit services

# 3. Internal Controls

## Internal controls policy

Internal controls are part of the Risk Management Framework and cover areas such as strategic management, business development, project management, finance, etc. It comprises procedures to mitigate risks and provide reasonable assurance that operations are efficient and effective, assets are safeguarded, legislation and council policies / rulings are complied with, and financial reporting is accurate and reliable.

The financial component of internal controls is addressed as per the *Better Practice Model—Internal Financial Controls for South Australian Councils 2022* (BPM) published by the Local Government Association to ensure all controls are current and to ensure Council's resources are used prudently and in an efficient, effective, and economical manner.

The internal controls policy is conducted in accordance with section 125 of the Act.

## Monitoring

The database of Internal Financial Controls (accounts payable, payroll, budgeting, management reporting, banking, assets and procurement) will be reviewed at least every twelve (12) months and as appropriate the Directors Group and the ARC will be informed of the outcomes of each review and updated quarterly on progress with action plans identified during the reviews.

A full review of the internal financial controls database will be undertaken every three years to reassess which controls will form the annual assessment process and ensure all controls are regularly reviewed.

The assessment and review of Internal Financial Controls and non-financial controls forms part of the Plan, as outlined in section 5 and Appendix A.

# 4. The Plan development

## Approach

A consultative approach is used in the development of the Plan. This Plan is based on consideration of the following:

- review of the City of Onkaparinga's risk profile (Corporate and Strategic Risk Registers)
- consultation with the Chief Executive Officer (CEO), Directors Group and Managers
- review of the City of Onkaparinga's Annual Business Plan
- review of the City of Onkaparinga's Risk Management Framework
- review of reports and management letters from the external auditors over the past 12 months
- review of the City of Onkaparinga's Community Vision 2034
- review of completed internal audit projects undertaken over the previous five years.
- benchmarking against other Councils in the local government sector; and
- consultation with the Council's internal audit service provider.

The proposed internal audit program in the Plan is coordinated by an Audit and Risk Officer and delivered by the outsourced internal audit service provider (the Auditor). The intent of this approach is to ensure that objective assurance is provided to the Council in a way that achieves the best value for money, leveraging in-house capability.

## Scope of the Plan

The Plan may include all programs and activities of the Council. Internal audit activity encompasses the review of all financial and non-financial policies and operations. The areas of internal control that the Plan will review, and test are those that:

- Have been identified as 'extreme' and 'high' inherent risk (as identified by Council's Risk Management Framework).
- Require assurance of operation (i.e., assurance that operational functions and processes are undertaken with minimum risk of error, misrepresentation, or fraud).

The Plan will not cover:

- Service reviews, as these are undertaken by council's Operational Excellence team.
- Work, Health, and Safety audits, these are undertaken by the WHS team under the direction of the Manager People & Culture and are covered by a separate plan.

## Risk management in the Plan

The Plan is not a static document and will be periodically re-assessed to recognise the council's changing risks, controls, and internal audit requirements. In developing the Plan consideration was given to the 'extreme' and 'high' inherent risks listed in the council's Corporate and Strategic Risk Register. Changes in council's risk profile are incorporated in the Plan at its scheduled updates. Similarly, control issues identified through internal audit are reflected in the Corporate and Strategic Risk Registers.

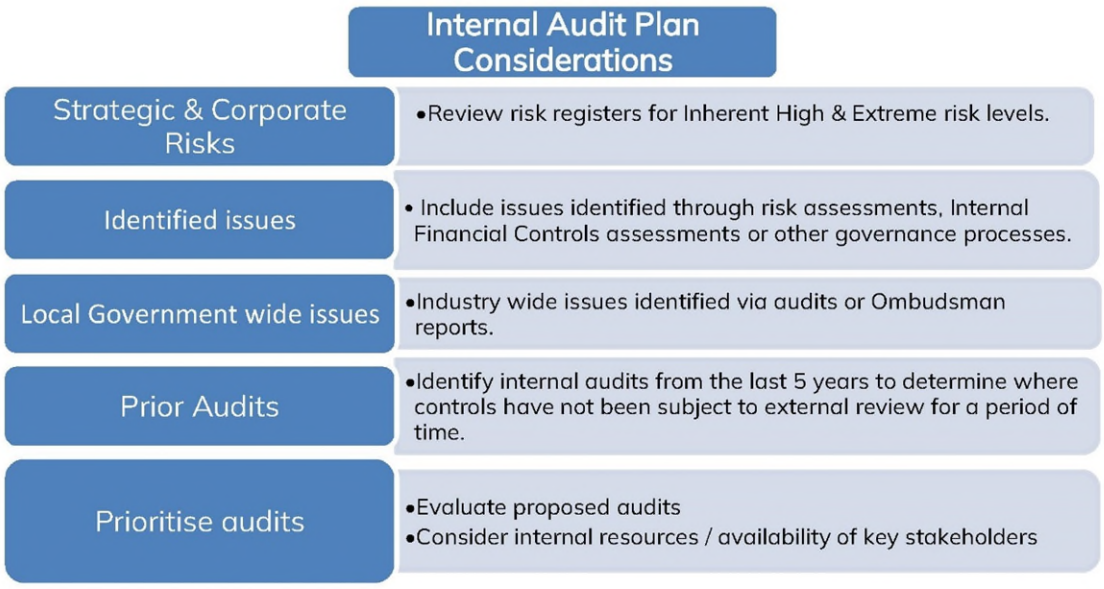
## Stakeholders

| Stakeholders | |
|---|---|
| Internal Audit Plan Leaders | Audit and Risk Officer/Team Leader Corporate Governance/Manager Governance |
| Internal stakeholders | CEO, Directors Group, Managers |
| External stakeholders | ARC<br>Outsourced Internal Audit Service Provider |

## The Plan prioritisation process

Selected audits are identified by a number of key stakeholders (which includes directors, managers, and team leaders) across the organisation, in consultation with the internal audit provider and by reviewing strategic and corporate risks that are rated as high risks, along with issues identified by the Corporate Governance team. This ensures high risk areas are actioned accordingly.

As required, the internal audit function may conduct special projects requested by the CEO, Directors Group or Managers in addition to the Plan. A detailed project scope document will be developed in consultation with key stakeholders and the internal audit service provider, prior to the commencement of individual projects in consultation with key stakeholders. The draft scope document is presented to the Directors Group for approval, before then being presented to the ARC for feedback and comments.



## The Plan approval and updates

The Plan will be submitted to Directors Group quarterly for review prior to being presented to the ARC for reviewing adequacy and appropriateness as per the ARC's Terms of Reference. The update will detail the progress of the Plan implementation and any other internal audit matters.

At each review amendments can be proposed by the CEO and/or the ARC, in context of the organisation's needs at that time (which includes timings) and to ensure any new or emerging risks are considered.

The Plan is outlined in section 5 and Appendix A.

# 5. Communication Plan

### Fieldwork

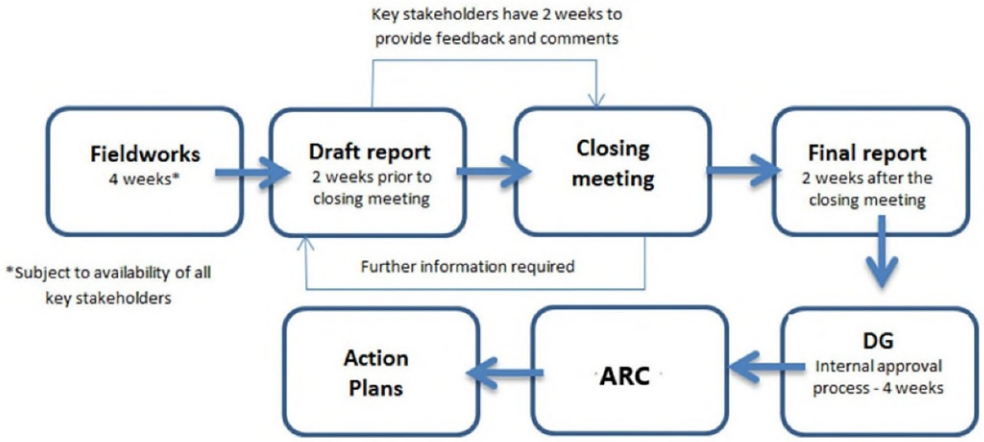
The scope and audit fieldwork requirements will be discussed at an opening meeting with key stakeholders and the internal auditor service provider.

### Findings

Findings will be rated by the internal auditor service provider. Findings will be discussed with the key internal stakeholders at a closing audit meeting delivered by the internal audit service provider. The draft report to be provided in advance of the meeting where possible.

### Draft report

A draft report will be issued to the key internal stakeholders for management agreed actions and timeframes for actions to be agreed with the relevant Director.




### Final Report

The report will be finalised by the internal auditor service provider with inclusion of the management agreed actions and timeframes. The internal auditor service provider will provide the final report which will be presented by Corporate Governance to the Directors Group for the approval of the management responses. The final report will be presented to the ARC from the person 'primarily responsible' at its next available meeting for noting and/or feedback and comment, and then for reporting to Council.

### Agreed actions implementation

Actions will be assigned to the responsible officers for implementation upon Directors Group approval of the final report, through RelianSys. Detailing:

- Updates of progress
- Actions to resolve audit findings
- Completion date with sign off by relevant Manager
- Evidence attached (where appropriate) of actions implemented

The implementation status of action plans will be reported to Directors Group and the ARC quarterly.

**Extensions to Proposed Completion Dates**

~~These must be agreed in writing by the relevant Director with updates to the ARC as to the reasons for delays in implementing agreed actions. Managers are required to attend at the request of the ARC to provide an in person update to the ARC on delays with actions.~~

A request for an extension to the due date must be agreed to, in writing, by the relevant Director, with updates to the ARC clearly setting out the reason why the extension has been granted and the cause of the delayed implementation. For actions relating to audit findings that were risk rated Medium, High or Extreme the explanation should also include what interim control measures have been implemented to mitigate the risks.

Extensions must be requested and approved before the original due date. Extensions requested after the due date will not be granted, nor will any further extensions. Past the approved due date audit actions will show as overdue in the quarterly report, with an expected completion date to be provided along with a progress update.

Managers may be required to attend ARC meetings, at the request of the ARC, to provide an in person update on delays to the completion of audit actions.

Further explanation of the audit and reporting process are contained in the Internal Audit Manual.

# 6. Internal Audit Program 2024-2027

Note – Updates will be identified via tracked changes until sighted by the ARC.

**TO BE UNDERTAKEN BY INTERNAL AUDITOR SERVICE PROVIDER**

| Timeframe (Completion date) | Audit Name | Key Stakeholders | Selection Basis | Previous Audits/other reviews | Strategic Risk | Strategic Risk 2025 Update | Inherent Risk Rating | Residual Risk Rating | Current Status |
|---|---|---|---|---|---|---|---|---|---|
| September 2024 | **Customer Complaints** Internal audit focusing on customer management strategies across the CoO. Reviewing processes for managing complaints and adherence to discrimination and human rights laws | • Customer Relations<br>• Community Safety<br>• Development Services<br>• City Operations<br>• Corporate Governance<br>• ICT | This area has not been subject to an audit and queries have been raised about consistency of processes. | Subject to ongoing review by the Operational Excellence team. | Risk 1 - Failure to anticipate and plan for the changing needs and expectations of residents. | NA | Medium | Low | Audit completed December 2024. Findings: 1 High, 2 Moderate, 3 Low and 2 PIO |
| December 2024 | **Activation Program** (Encore Summer) Assess legislative compliance, risk management and review processes. | Economic Growth<br><br>Property Transactions<br><br>Development Services | The activations program has been identified as area that has not been previously reviewed and requires oversight of both regulatory compliance and risk management assessment processes. | | Risk 8 - Failure to anticipate and plan for economic fluctuations (impacting on development, tourism, capital program).<br><br>Risk 9 - Failure to attract and retain new and existing business and tourism. | NA | High<br><br>High | Low<br><br>Low | Audit completed December 2024. Findings (by risk rating): 2 - High, 1 - Moderate, 2 – Low, and 2 - PIO |

| Timeframe (Completion date) | Audit Name | Key Stakeholders | Selection Basis | Previous Audits/other reviews | Strategic Risk | Strategic Risk 2025 Update | Inherent Risk Rating | Residual Risk Rating | Current Status |
|---|---|---|---|---|---|---|---|---|---|
| March 2025 | **Workforce Plan** Review of the Strategic Workforce Plan, with a focus on alignment with council's other resource plans (SAMP, LTFP), alignment with other key operational plans, FTE step-change forecasts, critical role retention/risk mitigation and competency development processes. | Human Resources<br><br>Learning & Development | Aligns with 9 corporate risks with inherent ratings of high or extreme. | HR Retention 2016 | Risk 4 - Lack of constructive and effective organisational culture. | Risk 7 - Lack of constructive and effective organisational culture. | Extreme | Medium | Audit completed March 2025.<br>0 - High,<br>1 - Moderate,<br>1 – Low, and<br>3 - PIO |
| June 2025 | **Fraud & Corruption Management Framework** Conducted a review of CoO's fraud and corruption related policies and procedures, identified risks and awareness training. | Corporate Governance<br><br>Finance<br><br>Learning & Development | No formal assessment of adequacy of processes since 2011. | Fraud Management (2011)<br><br>IFC Review | Risk 14 - Lack of effective fraud and corruption strategy. | NA | Medium | Medium | Audit completed June 2025.<br>1 - High,<br>2 - Moderate,<br>0 – Low, and<br>1 - PIO |
| September 2025 | **Project Management** Focusing on project accounting. Examine the framework including processes, policies, and procedures in place to govern projects. | Operational Excellence<br><br>City Operations<br><br>ICT | Review of processes and frameworks following transfer to OneCouncil. | | Risk 8 - Failure to anticipate and plan for economic fluctuations (impacting on development, tourism, capital program). | Risk 1 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved). | Extreme | Medium | Audit completed December 2025.<br>2 - High,<br>2 - Moderate,<br>0 – Low, and<br>2 - PIO |

| Timeframe (Completion date) | Audit Name | Key Stakeholders | Selection Basis | Previous Audits/other reviews | Strategic Risk | Strategic Risk 2025 Update | Inherent Risk Rating | Residual Risk Rating | Current Status |
|---|---|---|---|---|---|---|---|---|---|
| December 2025 | **Contractor Management**<br>Review capabilities in relation to contractor management processes, procedures, and internal controls. Assessing contract adherence, variation processes, conflict of interest management, dispute resolution processes and WHS. | Constructions and Projects<br><br>WHS<br><br>Finance | Contractor management has a high financial risk for the organisation. Seeking assurance that key processes around WHS standards, conflict of interest management, and the potential for fraudulent activity are being monitored. | Contractor Management (2018) | Risk 2 - Failure to provide a safe environment. | Risk 8 - Failure to provide a safe environment.<br><br>Risk 1 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved). | High<br>Extreme | Medium | Audit completed March 2026.<br>0 - High,<br>2 - Moderate,<br>2 – Low, and<br>0 - PIO |
| March 2026 | **Volunteer Management**<br>Training, qualifications, volunteer support and WHS management | Human Resources<br>WHS<br>Learning & Development<br>Community Services<br>City Operations | Following on from COVID-19 and the reactivation of volunteer activities the review will ensure that WHS, training and processes to support volunteers are effective. | Volunteer Management (2017) | Corporate Risk-90, 153 & 161 | Corporate Risk-90, 153 & 161 | High | Low | Audit completed March 2026.<br>2 - High,<br>1 - Moderate,<br>3 – Low, and<br>0 - PIO |
| June 2026 | **One Council – Stage 2 & 3 – Asset Works** | City Operations<br>Property | Review of processes and | | Risk 13 – Failure to anticipate, plan | NA | High | Medium | Audit in progress, will |

| Timeframe (Completion date) | Audit Name | Key Stakeholders | Selection Basis | Previous Audits/other reviews | Strategic Risk | Strategic Risk 2025 Update | Inherent Risk Rating | Residual Risk Rating | Current Status |
|---|---|---|---|---|---|---|---|---|---|
| | **Management & Customer Requests / Property** | Community Safety<br>Development Services<br>Customer Relations<br>ICT | frameworks following transfer to OneCouncil. | | for and respond to changing technology needs and requirements. | | | | be presented to August 2026 ARC meeting. |
| September 2026 | **Procurement**<br>Effectiveness of key processes, procedures and controls associated with procurement, including conflict of interest, fraud risks, vendor management and WHS requirements. Consider including account payable procure to pay. | Procurement<br><br>WHS<br><br>City Operations | Procurement is a high-risk area. This audit will also incorporate assessment of how WHS requirements are addressed in procurement processes. | Procurement (2022) | Risk 2 – Failure to provide a safe environment.<br>Risk 10 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved).<br>Risk 12 – Failure to maintain the discipline required for the strategic direction, objectives, and priorities.<br>Risk 14 – Lack of effective fraud and corruption strategy. | Risk 8 – Failure to provide a safe environment.<br><br>Risk 1 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved).<br>and corruption strategy.<br><br>NA<br><br>NA | High<br>Extreme<br>Extreme<br>Medium | Medium<br>Medium<br>Medium<br>Medium | Scope approved. Audit commenced June 2026. |
| December 2026 | **Debtors & Rates**<br>Review of effectiveness of controls and processes. | Finance | An audit of new processes and reporting implemented | 2017 Accounts Payable | Risk 10 – Council financial settings are not sustainable in the long term | Risk 1 – Council financial settings are not sustainable in the long term | Extreme | Medium | Scope approved. Audit to commence |

| Timeframe (Completion date) | Audit Name | Key Stakeholders | Selection Basis | Previous Audits/other reviews | Strategic Risk | Strategic Risk 2025 Update | Inherent Risk Rating | Residual Risk Rating | Current Status |
|---|---|---|---|---|---|---|---|---|---|
| | | | post transfer to OneCouncil. | 2020 Rates Revenue Assurance | (including value for money outcomes not achieved).<br><br>Risk 14 – Lack of effective fraud and corruption strategy. | (including value for money outcomes not achieved).<br><br>NA | Medium | Medium | September 2026. |
| March 2027 | **Business Continuity Planning & Emergency Management**<br>Review of the CoO's BCP & Emergency Management Plan (EMP). The focus area will be cyber security. | Emergency Management<br><br>CMT<br><br>ICT | High risk area requiring regular review. | BCP & Emergency Management (2023)<br><br>ICT – Cyber Security (2024) | Risk 5 – Failure to anticipate and plan for the effective management of emergencies in the community.<br><br>Risk 11 - Failure to anticipate, plan for and respond to cyber security threats. | Risk 5 – Failure to anticipate and plan for the effective management of emergencies in the community.<br><br>Risk 2 - Failure to anticipate, plan for and respond to cyber security threats. | Extreme<br><br>Extreme | Medium<br><br>Medium | Scope to be drafted August 2026. |
| June 2027 | **Budget Management & LTFP** | Finance | High financial risk and implications for long term strategic | Strategic Asset Management (2022) | Risk 6 - Failure in strategic asset management and planning. | Risk 3 - Failure in strategic asset management and planning. | High | Medium | Scope to be drafted August 2026. |

| Timeframe (Completion date) | Audit Name | Key Stakeholders | Selection Basis | Previous Audits/other reviews | Strategic Risk | Strategic Risk 2025 Update | Inherent Risk Rating | Residual Risk Rating | Current Status |
|---|---|---|---|---|---|---|---|---|---|
| | | | direction of council. | | Risk 12 - Failure to maintain the discipline required for the strategic direction, objectives, and priorities. | Risk 1 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved). | Extreme | Medium | |

**REVIEWS TO BE UNDERTAKEN BY CORPORATE GOVERNANCE**

| Audit Name | Key Stakeholders | Timeframe (completion date) | Risk | Status |
|---|---|---|---|---|
| **Internal Financial Controls (IFC)– Self Assessment** | Finance<br>Strategy Governance<br>Property Transactions<br>Assets & Technical Services<br>Fleet & Stores | April 2025<br>April 2026<br>April 2027 | Failure to comply with s125 of the LG Act.<br><br>Strategic Risks:<br>10. Council financial settings are not sustainable in the long term (including value for money outcomes not achieved).<br><br>14. Lack of an effective fraud and corruption strategy.<br><br>6. Failure in strategic asset management and planning | Work commenced on 2026 Self Assessment. Report expected to be presented to November 2026 ARC meeting. |
| **Internal Financial Controls Review**<br><br>**Controls assessment and testing** | Finance<br>Strategy Governance<br>Property Transactions | December 2024<br>December 2025 | Failure to comply with s125 of the LG Act.<br><br>Strategic Risks:<br>10. Council financial settings are not sustainable in the long term (including value for money outcomes not achieved) | |

| Audit Name | Key Stakeholders | Timeframe (completion date) | Risk | Status |
|---|---|---|---|---|
| **Review of BPM** | Assets & Technical Services<br>Fleet & Stores | December 2026 | 14. Lack of an effective fraud and corruption strategy<br><br>6. Failure in strategic asset management and planning | |
| **Internal Financial Control BPM Re-assessment** | | December 2024 | Strategic Risk 14. Lack of an effective fraud and corruption strategy | |
| **Follow-up of Agreed Actions**<br>Review of closed audit actions to ensure implementation has occurred. | All areas | Ongoing | Failure to address risks identified via internal audits. | Completed as audit action items completed. |

**OTHER AUDITS**

| Audit Name | Key Stakeholders | Timeframe (completion date) | Risk | Status |
|---|---|---|---|---|
| **Work, Health, and Safety audits** | All areas | Refer WHS Plan | Strategic Risks -<br>2. Failure to provide a safe environment. | Refer WHS. |

**POTENTIAL FUTURE AUDITS**

These options will be included in the following 3-year plan or may be utilised if any of the planned audits need to be deferred.

| | | | |
|---|---|---|---|
| Strategic Asset Management | Review the maturity and effectiveness of the Council's asset management framework. | Last audit 2022 | Strategic Risks 2 & 6 |

| | | | |
|---|---|---|---|
| Management of Grants In | A review of policies, procedures and processes related to grants received by CoO. Compliance with the policies, procedures and processes, effectiveness of relevant internal controls, adequacy of recordkeeping and reporting, lessons learned from failed and successful grant applications.<br>The advocacy role undertaken by Council to maximise the pool of grant funds available to itself and the local community. | Last audit 2016<br><br>Grants out - 2023 | Strategic Risk 10 |
| Corporate Card Usage and Hospitality Guidelines | First need to extend report monitoring processes identified in 2019 IA | Last audit 2019 | |
| Climate Response | There are a number of options - review of reporting, strategic environment review, adequacy of management of risks. | | Strategic Risk 7 |
| Elected members | Compliance with Local Govt Act, such as conflict of interest management. | | Strategic Risk 12 |

# Appendix A – Internal Audit Program by Year

| Audit Year | September Quarter | December Quarter | March Quarter | June Quarter |
|---|---|---|---|---|
| **2024 -25** | **Customer Complaints**<br>Internal audit focusing on customer management strategies across the CoO. Reviewing processes for managing complaints and adherence to discrimination and human rights laws. | **Economic Growth & Activation Program**<br>Assess legislative compliance, risk management and review processes. | **Workforce Plan**<br>Review of the Strategic Workforce Plan, with a focus on alignment with council's other resource plans (SAMP, LTFP), alignment with other key operational plans, FTE step-change forecasts, critical role retention/risk mitigation and competency development processes. | **Fraud & Corruption Management Framework**<br>Conducted a review of CoO's fraud and corruption related policies and procedures, identified risks and awareness training. |
| 2025 - 26 | **Project Management Focusing on project accounting.**<br>Examine the framework including processes, policies and procedures in place to govern projects. | **Contractor Management**<br>Review capabilities in relation to contractor management processes, procedures, and internal controls. Assessing contract adherence, variation processes, conflict of interest management, dispute resolution processes and WHS. | **Volunteer management**<br>Training, qualifications, volunteer support and WHS management. | **OneCouncil – Stage 2 & 3 – Asset & Works Management Customer Requests / Property**<br>Post implementation review focusing on application controls and security. |
| **2026 - 27** | **Procurement**<br>Effectiveness of key processes, procedures and controls associated with procurement, including conflict of interest, fraud risks, vendor management and WHS requirements. | **Debtors**<br>Review of effectiveness of controls and processes. | **Cyber Security** | Budget Management & LTFP |

## 7.8 AUDIT AND RISK COMMITTEE WORKPLAN – FY 2026-27

| Report contact | Meeting |
|---|---|
| Nicole Roberts, Team Leader Corporate Governance | Audit and Risk Committee |
| **Manager** | |
| Ben Harkin, Manager Governance | |
| **Approving officer** | **Date** |
| Renee Mitchell, Director Planning, Governance and Regulatory Services | 27 August 2026 |

### 1. Purpose

To provide the Audit and Risk Committee (ARC) with the updated Workplan for 2026-27.

### 2. Recommendations

**That the Audit and Risk Committee receive and approve the updated Workplan included as Attachment 1 to the agenda report.**

### 3. Executive summary

The ARCs Workplan is provided for FY 2026-27 as shown in Attachment 1. This was approved at the 7 May 2026 ARC meeting.

A Workplan ensures that Council is meeting its legislative obligations as well as obligations set out in the ARC's Terms of Reference.

### 4. Background

| | |
|---|---|
| Policy and/or relevant legislation | *Local Government Act 1999*<br>Audit and Risk Committee Terms of Reference |
| Who did we talk to/who will we be talking to | Director Corporate and Commercial<br>Manager Finance |

### 5. Discussion

The ARC's Workplan shows the meeting dates and content for 2026-27 with any updates in red.

Following this meeting and discussion, additional work items identified will be added to the Workplan.

### 6. Financial implications

The Workplan has no financial implications beyond the approved budgets for the ARC meetings and audits.

## 7. Risk and opportunity management

| Risk | |
|---|---|
| **Identify** | **Mitigation** |
| Employee welfare/public safety | The Workplan includes an annual WHS Report. |
| Reputation/community expectation | The Workplan includes a review of the draft business plan. |
| Political | The Workplan and the audit programs in general, provide assurance for members and leadership from a political perspective. |
| Financial/business sustainability | The Workplan includes all the mandated financial reports that the ARC must review, in addition to budget review items. |
| Environment | The Workplan includes the consideration of environment risks as part of the Strategic and Corporate risk review. |
| Compliance/legal | The Workplan includes all matters required by ARC to review, either legislatively or through its Terms of Reference. |
| Service delivery | The Workplan ensures that items relevant to Terms of Reference of the ARC are met. |
| **Opportunity** | |
| **Identify** | **Maximising the opportunity** |
| The Workplans ensure that all reporting obligations visible and planned. | Regular reporting against a Workplan ensures that Administration is kept accountable. |

## 8. Timelines and deadlines

Nil

## 9. Next steps

Any updates to the Workplan 2026-27 will be presented at each meeting with tracked changes in red.

## 10. Attachments

Attachment 1 - ARC Workplan FY 2026-27 (5 pages)

- END OF REPORT –

Attachment 1

## ARC Workplan FY 2026-27

| Meeting Details and Report Description | Priority | Purpose | Timing | Completed |
|---|---|---|---|---|
| **27 August 2026 3pm-5.30pm** | | | | |
| • Budget Review 4 and carry forwards | • As per TOR | • Review | • Critical | ✓ |
| • Workplan | • Important | • Review | • Flexible | ✓ |
| • Internal Audit Findings Report (as available) | • Statutory | • Review and Comment | • Critical | ✓ |
| • Internal Audit Quarterly Update<br>o Update on Plan<br>o Update on agreed actions<br>o Scope approval (as required) | • Statutory/Important | • Review and Comment | • Critical | ✓ |
| • Corporate Governance Report<br>o Risk updates<br>o FOI applications<br>o Section 270 internal reviews<br>o Emergency Management Update | • Important | • Noting | • Flexible | ✓ |
| • Corporate Risk Report including emerging risks | • Statutory | • Review | • Flexible | ✓ |
| • Review of policies (as required) | • Statutory/Important | • Evaluate | • Flexible | ✓ |
| ~~• WHS Annual Report~~ | ~~• As per TOR~~ | ~~• Noting~~ | ~~• Flexible~~ | |
| • ARC Annual Report for Council | • As per ToR | • Endorse | • Critical | ✓ |
| ~~• CEO Annual Report on Council's Internal Audit~~ | ~~• Statutory~~ | ~~• Endorse~~ | ~~• Flexible~~ | |

1

| Meeting Details and Report Description | Priority | Purpose | Timing | Completed |
|---|---|---|---|---|
| **Special Meeting – 22 October 2026 3pm to 4.30pm** | | | | |
| • Draft audited financial statements for period ended 30 June 2026 | • Statutory | • Review | • Critical | |
| • External Auditor final management letter | • Statutory | • Review | • Critical | |
| • Meeting with Council External Auditors (without staff present) | • Important | • Enquiring | • Critical | |
| • SRWRA Annual Report for period 30 June 2026 | • Statutory | • Review | • Critical | |
| • WHS Annual Report | • As per TOR | • Noting | • Flexible | |
| **5 November 2026 3pm-5.30pm** | | | | |
| • Budget Review 1 | • As per TOR | • Review | • Critical | |
| • Workplan | • Important | • Review | • Flexible | |
| • Internal Audit Findings Report (as required) | • Statutory | • Review and Comment | • Critical | |
| • Internal Audit Quarterly Update<br>o Update on Plan<br>o Update on agreed actions<br>o Scope approval (as required) | • Statutory/Important | • Review and Comment | • Critical | |
| • Corporate Governance Report<br>o Risk updates<br>o FOI applications<br>o Section 270 internal reviews<br>o Emergency Management Update<br>o Council insurance/ liability premiums (provided annually) | • Important | • Noting | • Flexible | |

| | | | | |
|---|---|---|---|---|
| • Strategic Risk Report including emerging risks | • Statutory | • Review | • Flexible | |
| **Meeting Details and Report Description** | **Priority** | **Purpose** | **Timing** | **Completed** |
| • Review of policies (as required) | • Statutory/Important | • Evaluate | • Flexible | |
| **TBC February 2027 3pm-5.30pm** | | | | |
| • Budget Review 2 | • As per TOR | • Review | • Critical | |
| • 2027-28 Budget Assumptions | • Important | • Review | • Critical | |
| • Workplan | • Important | • Review | • Flexible | |
| • External Audit Plan 2026-27 | • Statutory | • Review and Comment | • Critical | |
| • Internal Audit Findings Report (as required) | • Statutory | • Review and Comment | • Critical | |
| • Internal Audit Quarterly Update<br>o Update on Plan<br>o Update on agreed actions<br>o Scope approval (as required) | • Statutory/Important | • Review and Comment | • Critical | |
| • Corporate Governance Report<br>o Risk updates<br>o FOI applications<br>o Section 270 internal reviews<br>o Emergency Management Update | • Important | • Noting | • Flexible | |
| • Corporate Risk Report including emerging risks | • Statutory | • Review | • Flexible | |
| • Review of policies (as required) | • Statutory/Important | • Evaluate | • Flexible | |
| **Special Meeting – TBC April 2027 3pm to 4.30pm** | | | | |
| • Draft 2027-28 budget and Long Term Financial Plan update<br>• Draft Annual Business Plan | • Statutory requirement<br>• Statutory | • Review<br>• Review | • Critical<br>• Critical | |

| Meeting Details and Report Description | Priority | Purpose | Timing | Completed |
|---|---|---|---|---|
| **TBC May 2027 3pm-5.30pm** | | | | |
| • Budget Review 3 | • As per TOR | • Review | • Critical | |
| • Asset revaluations | • Important | • Review and Comment | • Critical | |
| • External Audit interim management letter | • Statutory Requirement | • Review | • Flexible | |
| • Workplan | • Important | • Review | • Flexible | |
| • Internal Audit Findings Report (as required) | • Statutory | • Review and Comment | • Critical | |
| • Internal Audit Quarterly Update<br>o Update on Plan<br>o Update on agreed actions<br>o Scope approval (as required) | • Statutory/Important | • Review and Comment | • Critical | |
| • Corporate Governance Report<br>o Risk updates<br>o FOI applications<br>o Section 270 internal reviews<br>o Emergency Management Update | • Important | • Noting | • Flexible | |
| • Strategic Risk Report including emerging risks | • Statutory | • Review | • Flexible | |
| • ARC Performance Review Discussion (at request of ARC to replace formal questionnaire process) | • Important | • Evaluate | • Flexible | |

***Glossary*** *(note- Refer to the Committee's Terms of Reference for additional information on the scope of the Committee's functions):*

- ***Meeting Details - Establishes the proposed meeting date at which the listed reports are intended to be considered.***
- ***Meeting with Council Auditors (without staff present)*** *- "In-camera" session.*
- ***Priority*** *- Defined as either a statutory requirement, important (from a risk mitigation standpoint, or as an item covered in the committee's terms of reference), or optional item.*

- ***Purpose*** *- Sets out the Committee's role in considering the matter.*
- ***Report Description*** *- Identifies the reports intended to be considered.*
- ***Review of policies (as required)*** *- Policies directly relating to strategic, financial or operational risk matters.*
- ***Timing*** *- establishes the importance, from an operational and business continuity perspective, of considering the matter at the allotted time. Alternatively, this may describe the potential of impact to the business if consideration of the report is delayed. 'Critical' means the item needs to be considered at the allotted meeting date for timing purposes. Where it states 'Flexible' it can be moved to an earlier or later meeting date.*

Proposed Meeting Dates for FY 2027/ 28:

| Date | Notes |
|---|---|
| TBC | TBC |

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## 7.9 INTERNAL AUDIT QUARTERLY UPDATE

**Report contact**
Nicole Roberts, Team Leader Corporate Governance

**Meeting**
Audit and Risk Committee

**Manager**
Ben Harkin, Manager Governance

**Approving officer**
Jade Bird, Director Corporate and Commercial

**Date**
27 August 2026

### 1. Purpose

The purpose of this report is to provide an Internal Audit Quarterly Update to the Audit and Risk Committee (ARC). The ARCs Terms of Reference require it to review the provision of internal audit services, review internal audit reports and monitor the status of implementation of agreed actions resulting from audit recommendations.

This report provides an update on the activities of the internal audit function and implementation of audit actions since the last report to the ARC on 7 May 2026.

### 2. Recommendations

**That the Audit and Risk Committee receives and notes the Internal Audit Quarterly Update report, including:**

- **the Internal Audit Plan 2024-27 quarterly status update as contained in Attachment 1 to the agenda report;**
- **the status of the Internal Audit progress update from KPMG provided as Attachment 2 to the agenda report;**
- **the Cyber Security Internal Audit and Long Term Financial Plan (LTFP) Internal Audit draft scopes as contained in Attachments 3 and 4 to the agenda report: and**
- **the status of actions from Internal Audits provided as Attachment 5 to the agenda report.**

### 3. Executive summary

As per the Internal Audit Charter and Plan 2024-27 (the Plan), Corporate Governance prepared a risk based three year rolling internal audit plan. The Plan is coordinated by council's Audit and Risk Officer and delivered by an outsourced internal audit service (currently KPMG).

Corporate Governance provides quarterly internal audit activity updates to the ARC on the progress of the internal audit plan and any other internal audit matters.

### 4. Background

| | |
|---|---|
| Policy and/or relevant legislation | *Local Government Act 1999*<br>City of Onkaparinga Internal Audit Charter and Plan 2024-2027 |
| Who did we talk to/who will we be talking to | Directors Group<br>KPMG<br>Action Owners |

## 5. Discussion

### 5.1 Internal Audit Plan 2024-27 Quarterly Status Update

An Internal Audit Plan 2024-27 Quarterly Status Update is provided as Attachment 1.

The 2027-30 Internal Audit Plan is currently being developed and will be presented to the ARC at the 5 November 2026 meeting.

### 5.2 Completed Internal Audits

The One Council Project 2&3 Review Internal Audit has been completed and is provided via a separate report.

A summary of the current status of the internal audits is provided by KPMG for information in Attachment 2.

### 5.3 Draft Internal Audit Scope

The scopes for the Cyber Security Internal Audit and the Long Term Financial Plan (LTFP) Internal Audit are provided for the ARCs consideration in Attachments 3 and 4 respectively. These audits are expected to commence from late September/October 2026.

### 5.4 Internal Audit Action Status Summary

Internal Audit Actions are recorded and monitored in our governance system. The current status of the implementation of these actions is provided in the attached report (Attachment 5).

Corporate Governance works with stakeholders to monitor and ensure the completion of outstanding audit actions, with the intention of mitigating the risks identified by the audit and addressing the specific recommendations.

The following progress has been made on the internal audit actions during the last quarter.

*Summary of audit findings as at 30 June 2026 (Quarter April to June 2026)*

| Audit Finding Risk Rating | Audit Findings Overdue | Audit Findings Completed since last report | Audit Findings Current |
|---|---|---|---|
| High | 1 | - | 4 |
| Moderate | 5 | 3 | 4 |
| Low | 1 | 1 | 4 |

Summary of audit findings outstanding by year of audit and risk rating (full details on specific actions are contained in Attachment 5).

| Year of Audit | Overdue | | | Current | | | Comments on overdue actions |
|---|---|---|---|---|---|---|---|
| 2026 | | | | 4 | 2 | 2 | |
| 2025 | | | 1 | | 2 | 2 | OneCouncil work on payroll project still in progress. |
| 2024 | | 2 | | | | | OneCouncil updates to module are in progress. |
| 2023 | | 1 | | | | | Awaiting ICT to schedule required work. |
| 2022 | | | | | | | |
| 2021 | 1 | 1 | | | | | OneCouncil project implementation impacted audit actions being addressed. Awaiting additional configuration updates. |
| 2020 | | 1 | | | | | Actions delayed by timing of OneCouncil project implementation and significant delays in data access and quality. |

| Risk Ratings | Low | Medium | High | Extreme |
|---|---|---|---|---|

As reported in the February 2026 ARC report titled “ICT Updates” (which was deferred for consideration until the May 2026 meeting), a number of outstanding internal audit actions are directly linked to the ongoing remediation and optimisation of the OneCouncil platform. The report identified that, while the technology implementation had largely been completed, further work was required to strengthen data governance, business processes, system configuration, reporting capability, training and organisational ownership.

Governance arrangements have been strengthened through the establishment of the Strategic Technology Steering Committee (STSC), with a structured program of improvement work underway to address identified issues and support closure of related audit actions.

Given the volume of identified improvement opportunities, unresolved issues and audit actions associated with OneCouncil, work is being managed through established governance arrangements and a risk-based prioritisation process overseen by the Strategic Technology Steering Committee. This approach ensures that higher-risk and higher-value initiatives are addressed first, recognising that some lower-priority items may not be progressed until later phases of the remediation program.

A presentation on progress with OneCouncil remediation and improvement activities will be provided to the Committee at this meeting.

## 6. Financial implications

### Financial summary

| Item | Capital | Operating | Comment |
|---|---|---|---|
| **Budget** | | | |
| Current budget allocation | | $130,000 | $130,000 - Provision of an internal audit services |
| Additional funding required | | | Not applicable |
| Funding source and amount | | | Not applicable |
| Budget impact | | | as above |
| **Long Term Financial Plan (LTFP)** | | | |
| In current LTFP? | Not applicable | | |

## 7. Risk and opportunity management

| Risk | |
|---|---|
| **Identify** | **Mitigation** |
| Employee welfare/public safety | Implementation of an Internal Audit Plan represents a proactive approach to risk minimisation. The Internal Audit function aids risk reduction by identifying control gaps that, if not attended to, may lead to fraudulent activity or expose Council to other legal, public safety, socio-political or business impact consequences. |
| Reputation/community expectation | |
| Political | |
| Financial/business sustainability | |
| Environment | |
| Compliance/legal | Regular reporting to the ARC provides the opportunity for ARC to review the activities of internal audit in accordance with the ARC Terms of Reference. |
| Service delivery | A properly targeted and implemented Internal Audit Plan may assist the organisation identify process improvements and enable greater efficiencies in service delivery. |

| Opportunity | |
|---|---|
| **Identify** | **Maximising the opportunity** |
| The attached action items will improve processes and system improvements as well as address risks | Once implemented will enhance disaster recovery preparedness and data governance frameworks. |

## 8. Timelines and deadlines

Not applicable for this report.

## 9. Next steps

The next Internal Audit Quarterly Update report will be presented to the ARC in accordance with their Workplan (refer to separate report).

## 10. Attachments

Attachment 1 - Internal Audit Plan 2024 – 2027 Quarterly Status Update (6 pages)

Attachment 2 - KPMG Internal Audit Progress Update (4 pages)

Attachment 3 - Cyber Maturity Assessment Internal Audit Scope (4 pages)

Attachment 4 - LTFP Internal Audit Scope (4 pages)

Attachment 5 - Internal Audit Action Status Summary (8 pages)

- END OF REPORT –

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# Internal Audit Plan 2024-2027

**TO BE UNDERTAKEN BY INTERNAL AUDITOR SERVICE PROVIDER**

| Timeframe | Audit Name | Key Stakeholders | Strategic Risk 2024* | Strategic Risk 2025* | Inherent Risk Rating 2024 | Inherent Risk 2025 | Residual Risk Rating | Current Status |
|---|---|---|---|---|---|---|---|---|
| September 2024 | **Customer Complaints**<br>Internal audit focusing on customer management strategies across the CoO. Reviewing processes for managing complaints and adherence to discrimination and human rights laws | • Customer Relations<br>• Community Safety<br>• Development Services<br>• City Operations<br>• Corporate Governance<br>• ICT | Risk 1 - Failure to anticipate and plan for the changing needs and expectations of residents. | NA | Medium | | Low | Audit completed December 2024. Findings (by risk rating):<br>1 - High,<br>2 - Moderate,<br>3 – Low, and<br>2 - PIO |
| December 2024 | **Activation Program** (Encore Summer)<br>Assess legislative compliance, risk management and review processes. | Economic Growth<br><br>Property Transactions<br><br>Development Services | Risk 8 - Failure to anticipate and plan for economic fluctuations (impacting on development, tourism, capital program).<br>Risk 9 - Failure to attract and retain new and existing business and tourism. | NA | High | | Low | Audit completed December 2024. Findings (by risk rating):<br>2 - High,<br>1 - Moderate,<br>2 – Low, and<br>2 - PIO |
| | | | | NA | High | | Low | |
| March 2025 | **Workforce Plan**<br>Review of the Strategic Workforce Plan, with a focus on alignment with council's other resource plans (SAMP, LTFP), alignment with other key operational plans, FTE step-change forecasts, critical | Human Resources<br><br>Learning & Development | Risk 4 - Lack of constructive and effective organisational culture. | Risk 7 - Lack of constructive and effective organisational culture. | Medium | Extreme | Medium | Audit completed March 2025. Findings (by risk rating):<br>0 - High,<br>1 - Moderate,<br>1 – Low, and<br>3 - PIO |

| Timeframe | Audit Name | Key Stakeholders | Strategic Risk 2024* | Strategic Risk 2025* | Inherent Risk Rating 2024 | Inherent Risk 2025 | Residual Risk Rating | Current Status |
|---|---|---|---|---|---|---|---|---|
| | role retention/risk mitigation and competency development processes. | | | | | | | |
| June 2025 | **Fraud & Corruption Management Framework** Conducted a review of CoO's fraud and corruption related policies and procedures, identified risks and awareness training. | Corporate Governance<br><br>Finance<br><br>Learning & Development | Risk 14 - Lack of effective fraud and corruption strategy. | NA | Medium | | Medium | Audit completed June 2025. Findings (by risk rating):<br>1 - High,<br>2 - Moderate,<br>0 – Low, and<br>1 - PIO |
| September 2025 | **Project Management** Focusing on project accounting. Examine the framework including processes, policies, and procedures in place to govern projects. | Operational Excellence<br>City Operations<br>Finance | Risk 8 - Failure to anticipate and plan for economic fluctuations (impacting on development, tourism, capital program). | Risk 1 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved). | High | Extreme | Medium | Audit completed December 2025. Findings (by risk rating):<br>2 - High,<br>2 - Moderate,<br>0 – Low, and<br>2 - PIO |
| December 2025 | **Contractor Management** Review capabilities in relation to contractor management processes, procedures, and internal controls. Assessing contract adherence, variation processes, conflict of interest management, dispute resolution processes and WHS. | City Operations<br>WHS<br>Finance | Risk 2 - Failure to provide a safe environment. | Risk 8 - Failure to provide a safe environment.<br><br>Risk 1 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved). | High | High<br><br>Extreme | Medium | Audit completed March 2026. Findings (by risk rating):<br>0 - High,<br>2 - Moderate,<br>2 – Low, and<br>0 - PIO |

| Timeframe | Audit Name | Key Stakeholders | Strategic Risk 2024* | Strategic Risk 2025* | Inherent Risk Rating 2024 | Inherent Risk 2025 | Residual Risk Rating | Current Status |
|---|---|---|---|---|---|---|---|---|
| March 2026 | **Volunteer Management** Training, qualifications, volunteer support and WHS management | Human Resources<br>WHS<br>Learning & Development<br>Community Services<br>City Operations | Corporate Risk-90, 153 & 161 | | High | | Low | Audit completed March 2026.<br>Findings (by risk rating):<br>2 - High,<br>1 - Moderate,<br>3 – Low, and<br>0 - PIO |
| June 2026 | **One Council – Stage 2 & 3 – Asset Works Management & Customer Requests / Property** | City Operations<br>Property<br>Community Safety<br>Development Services<br>Customer Relations<br>Finance<br>ICT | Risk 13 – Failure to anticipate, plan for and respond to changing technology needs and requirements. | NA | High | | Medium | Audit completed July 2026.<br>Findings (by risk rating):<br>0 - High,<br>5 - Moderate,<br>2 – Low, and<br>0 - PIO |
| September 2026 | **Procurement** Effectiveness of key processes, procedures and controls associated with procurement, including conflict of interest, fraud risks, vendor management and WHS requirements. Consider including account payable procure to pay. | Procurement<br><br>WHS<br><br>City Operations | Risk 2 – Failure to provide a safe environment.<br><br>Risk 10 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved).<br><br>Risk 12 – Failure to maintain the discipline required for the strategic | Risk 8 – Failure to provide a safe environment. | High | High | Medium | Audit commenced. |
| | | | | Risk 1 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved). | High | Extreme | Medium | |
| | | | | NA | Extreme | | Medium | |

| Timeframe | Audit Name | Key Stakeholders | Strategic Risk 2024* | Strategic Risk 2025* | Inherent Risk Rating 2024 | Inherent Risk 2025 | Residual Risk Rating | Current Status |
|---|---|---|---|---|---|---|---|---|
| | | | direction, objectives, and priorities. | | | | | |
| | | | Risk 14 – Lack of effective fraud and corruption strategy. | NA | Medium | | Medium | |
| December 2026 | **Debtors**<br>Review of effectiveness of controls and processes. | Finance | Risk 10 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved). | Risk 1 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved). | High | Extreme | Medium | Scope approved, audit to commence September 2026. |
| | | | Risk 14 – Lack of effective fraud and corruption strategy. | NA | Medium | | Medium | |
| March 2027 | **Business Continuity Planning & Emergency Management**<br>Review of the CoO's BCP & Emergency Management Plan (EMP). The focus area will be cyber security. | Emergency Management<br><br>CMT<br><br>ICT | Risk 5 – Failure to anticipate and plan for the effective management of emergencies in the community. | Risk 5 – Failure to anticipate and plan for the effective management of emergencies in the community. | Extreme | Extreme | Medium | Cyber Security Scope submitted for approval. |
| | | | Risk 11 - Failure to anticipate, plan for and respond to cyber security threats. | Risk 2 - Failure to anticipate, plan for and respond to cyber security threats. | Extreme | Extreme | Medium | |
| June 2027 | **Budget Management & LTFP** | Finance | Risk 6 - Failure in strategic asset | Risk 3 - Failure in strategic | High | High | Medium | Scope submitted for approval. |

| Timeframe | Audit Name | Key Stakeholders | Strategic Risk 2024* | Strategic Risk 2025* | Inherent Risk Rating 2024 | Inherent Risk 2025 | Residual Risk Rating | Current Status |
|---|---|---|---|---|---|---|---|---|
| | | | management and planning.<br><br>Risk 12 - Failure to maintain the discipline required for the strategic direction, objectives, and priorities. | asset management and planning.<br><br>Risk 1 – Council financial settings are not sustainable in the long term (including value for money outcomes not achieved). | Extreme | Extreme | Medium | |

**Note: Strategic Risk 2024 is based on the strategic risks that were in place at the time the plan was created, 2025 are the updated risks following the Strategic Risk Review 2025.*

**REVIEWS TO BE UNDERTAKEN BY CORPORATE GOVERNANCE**

| Audit Name | Key Stakeholders | Timeframe | Risk | Status |
|---|---|---|---|---|
| **Internal Financial Controls (IFC)– Self Assessment** | Finance<br>Strategy<br>Governance<br>Property<br>Transactions<br>Assets & Technical Services<br>Fleet & Stores | April 2025<br>April 2026<br>April 2027 | Failure to comply with s125 of the LG Act.<br>Strategic Risks:<br>1. Council financial settings are not sustainable in the long term (including value for money outcomes not achieved).<br>6. Failure in strategic asset management and planning. | Work commenced on 2026 Self Assessment. Report expected to be presented to November 2026 ARC meeting. |
| **Internal Financial Controls Review**<br><br>**Controls assessment and testing**<br><br>**Review of BPM** | Finance<br>Strategy<br>Governance<br>Property<br>Transactions<br>Assets & Technical Services<br>Fleet & Stores | December 2024<br>December 2025<br>December 2026 | Failure to comply with s125 of the LG Act.<br><br>Strategic Risks:<br>1. Council financial settings are not sustainable in the long term (including value for money outcomes not achieved).<br><br>3 Failure in strategic asset management and planning. | IFC Review 2025 completed. |

| Audit Name | Key Stakeholders | Timeframe | Risk | Status |
|---|---|---|---|---|
| **Internal Financial Control BPM Re-assessment** | | December 2024 | | Completed. |
| **Follow-up of Agreed Actions**<br>Review of closed audit actions to ensure implementation has occurred. | All areas | Ongoing | Failure to address risks identified via internal audits. | Completed as audit action items completed. |

**OTHER AUDITS**

| Audit Name | Key Stakeholders | Timeframe (completion date) | Risk | Status |
|---|---|---|---|---|
| **Work, Health, and Safety audits** | All areas | Refer WHS Plan | Strategic Risk -<br>8. Failure to provide a safe environment. | Refer WHS. |

Attachment 2

# FY26 and FY27 Internal Audit Plan Status Update

DRAFT

For: City of Onkaparinga (CoO)

—

June 2026

# City of Onkaparinga – FY26 Internal Audit Status

| Project Title | Key Stakeholders | Scoping Meeting | Fieldwork | Draft Report | Final Report | Deadline of DG Papers | DG Meeting | ARC Meeting | Comments |
|---|---|---|---|---|---|---|---|---|---|
| Project Management | • Constructions and Projects<br>• Finance<br>• Operational Excellence<br>• Operations | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Contractor Management | • Work, Health and Safety<br>• Finance<br>• Operations | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Volunteer Management | • Human Resources<br>• WHS<br>• Learning & Development<br>• Community Services<br>• City Operations | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| One Council – Stage 2 & 3 – Asset Works Management & Customer Requests / Property | • City Operations<br>• Property<br>• Community Safety<br>• Development Services<br>• Customer Relations<br>• ICT | ✓ | ✓ | ✓ | July '26 | 29 July 26 | 12 August 26 | 27 August 26 | • Draft report issued and closing meeting conducted.<br>• Awaiting CoO Management comments on draft report (to be provided by 3 July). |

***Exact date to be identified** **IP = In Progress**

Key stakeholder from the CoO's Governance Team involved with each internal audit project include:
- Nicole Roberts – Team Leader Corporate Governance
- Caroline Parkin – Audit and Risk Officer

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# City of Onkaparinga – FY27 Internal Audit Status

| Project Title | Key Stakeholders | Scoping Meeting | Fieldwork | Draft Report | Final Report | Deadline of DG Papers | DG Meeting | ARC Meeting | Comments |
|---|---|---|---|---|---|---|---|---|---|
| Procurement | • Procurement<br>• WHS<br>• City Operations | ✓ | w/c 27 July – w/c 17 August | September | Late September | TBC | TBC | TBC | • Document request list acknowledged by CoO with few documents outstanding.<br>• Fieldwork to kick off 27 July. |
| Debtors | • Finance | ✓ | October '26 | Late November | Late December | TBC | TBC | TBC | • Scope has been signed.<br>• Kick-Off meeting to be scheduled. |
| Cyber Security Preparedness | • ICT | 7 July '26 | TBC (Jan '27 – Mar '27) | TBC | TBC | TBC | TBC | TBC | • Scoping meeting booked for Tuesday 7 July. |
| Budget Management and Long-Term Financial Planning | • Finance | 8 July '26 | TBC (Apr '27 – June '27) | TBC | TBC | TBC | TBC | TBC | • Scoping meeting booked for Wednesday 8 July. |

***Exact date to be identified**

Key stakeholder from the CoO's Governance Team involved with each internal audit project include:
- Nicole Roberts – Team Leader Corporate Governance
- Caroline Parkin – Audit and Risk Officer

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Attachment 3

KPMG

# City of Onkaparinga

## Internal Audit Project Scope: Cyber Maturity Assessment

July 2026

**DRAFT**

# Internal Audit Program 2026/27: Cyber Maturity Assessment Internal Audit

In accordance with the 2026/27 Internal Audit Plan for the City of Onkaparinga (CoO), an internal audit project focussing on cyber maturity will be performed. The objective, scope and approach are outlined below.

## Objective

This review will include an evaluation of overall cyber security maturity at the CoO across all nine (9) domains of KPMG's Cyber Maturity Assessment (CMA-Lite) framework. The CMA Lite assesses maturity across nine key dimensions and leverages a methodology based on leading information security frameworks, including the Information Assurance Maturity Model (IAMM), the American National Standards Institute (ANSI) Financial Management of Cyber Risk, industry frameworks such as ISO 27001 and NIST (including Cyber Security framework, 800-53, etc.) and other such standards, combined with our global insight of leading practices in risk management and cyber security. The assessment will highlight identified good practices and improvement opportunities for the purpose of maturing cyber security controls.

The internal audit will include assessing both IT-managed and non-IT-managed environments across the business.

## Scope

The scope of this internal audit will assess the maturity of the CoO's cyber security controls across the following nine (9) domains, to determine current maturity levels and identify opportunities for improvement.

1. **Security Leadership and Governance**: Management's demonstrates the ability to take ownership and effectively manage risk while ensuring governance mechanisms are in place to demonstrate due diligence.
2. **Information Risk Management**: Processes to thoroughly and effectively assess, manage, and monitor risks of exchanging sensitive and/or confidential information exchanged across an organisation and its third parties.
3. **Security Operations (SecOps)**: SecOps are in place to identify and prevent compromise of sensitive information and computer systems.
4. **Technical Security**: Implementation of solutions to address identified cyber risks and protect against theft of sensitive data and information.
5. **Security Architecture**: Information systems are designed in alignment with defined security objectives to address potential risks to the cyber environment.
6. **Human Factors**: Security culture exists, empowering and ensuring the right people, skills, learning and knowledge are in place to protect against cyber threats.
7. **Resilience**: Capabilities in place to protect against cyber risks, defend and recover against cyber-attacks.
8. **Compliance**: Ability to demonstrate compliance against relevant regulatory and international certification standards.
9. **Third Parties**: Processes to identify and manage the risk to information throughout the supplier lifecycle by defining information security requirements to protect against cyber threats.

## Scope Exclusions

This internal audit will not consider the following:

- Any additional enterprise controls unrelated to the CMA-Lite framework domains of the CoO.

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- Performance of operating controls testing across the CMA-Lite framework domains.
- Evaluation of the design and operating effectiveness of IT general controls (e.g. access, computer operations, etc).
- Execution of a penetration test or other testing such as a vulnerability assessments or purple/red team exercises.
- Defining target state of the desired future state maturity.
- Remediation activities of any nature.

## Approach

The approach to this internal audit will include:

1. Desktop review of relevant CoO documentation, including cyber security policies, procedures, and other supporting documents related to the nine domains identified in the scope section.
2. Conducting up to six (6) workshops with the key personnel and stakeholders involved in cyber security to understand roles and responsibilities and the current cyber security environment and controls across the scope areas.
3. Documentation and analysis of the processes in place at the CoO regarding the above scope areas.
4. Discussion of preliminary findings and observations with Management.
5. Development of a draft internal audit report detailing our findings, improvement opportunities, and recommendations. This will include development of actions to improve the control environment.
6. Development of the final internal audit report incorporating Management responses, actions and timelines. The final report will be presented to the Audit and Risk Committee.

## Stakeholders

The following stakeholders have been identified based on preliminary discussions with the CoO and may be refined during planning.

| Personnel | Position title |
|---|---|
| Jade Bird | Director, Corporate and Commercial |
| Renee Mitchell | Director, Planning, Governance and Regulatory Services |
| Lesley Parker | Manager, ICT |
| Troy Fielden | Cyber Security Assurance Analyst |
| Ben Harkin | Manager Governance |
| Ben Heaysman | Acting Team Leader Service Delivery |
| Roy Galbraith | Team Leader Service Delivery |
| Nicole Roberts | Team Leader, Corporate Governance |
| Caroline Parkin | Audit and Risk Officer |

Additional CoO personnel may be identified during planning and fieldwork and engaged where required to support the audit.

## Resources and Budget

The leadership team for this internal audit are listed below along with the proposed budget:

- Eric Beere, Partner
- Heather Martens, Director
- Gergana Winzer, Partner, Cyber Security Subject Matter Expert
- Simon Mbizwo, Manager, Cyber Security Subject Matter Expert

Additional engagement team members may be involved as required to support delivery of the audit

The budgeted fee for this internal audit is $39,000 (excl. GST). We will discuss and agree in advance with Management any time to be incurred which may result in fees exceeding this estimate. Any out-of-pocket expenses incurred, including travel, will be billed to the CoO at cost.

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## Timing

The proposed timing for this internal audit is as follows:

| Activity | Timeframe |
|---|---|
| Circulation of document request list | Early September 2026 |
| Kick-Off Meeting | Mid-September 2026 |
| Fieldwork Commencement | Early October 2026 |
| Fieldwork Completion | Mid November 2026 |
| Issuance of Draft Report | Late November 2026 |
| Management Comments to be provided | Early December 2026 |
| Final Report | Mid December 2026 |

## Approvals

We are in agreement with the scope document for the internal audit project.

| **CoO Internal Audit Project Sponsor:** | **KPMG Internal Audit Partner:** |
|---|---|
| Name: Jade Bird, Director (Corporate) | Name: Eric Beere (Partner) |
| Signed: | Signed: |
| Date: | Date: |

## Disclaimers

***Inherent limitations***

The services provided in connection with the engagement comprise an advisory engagement which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and consequently no opinions or conclusions intended to convey assurance will be expressed. Due to the inherent limitations of any internal control structure, it is possible that fraud, error or non-compliance with laws and regulations may occur and not be detected. Further, the internal control structure, within which the control procedures that are to be subject to the procedures we perform, will not be reviewed in its entirety and, therefore, no opinion or view is to be expressed as to its effectiveness of the greater internal control structure. The procedures to be performed are not designed to detect all weaknesses in control procedures as they are not performed continuously throughout the period and the tests performed on the control procedures are on a sample basis. Any projection of the evaluation of control procedures to future periods is subject to the risk that the procedures may become inadequate because of changes in conditions, or that the degree of compliance with them may deteriorate.

No warranty of completeness, accuracy or reliability can be given in relation to the statements and representations made by, and the information and documentation provided by, City Onkaparinga's Management and personnel. We shall seek to independently verify those sources unless otherwise noted within the report. We are under no obligation in any circumstance to update the report, in either oral or written form, for events occurring after the report has been issued in final form unless specifically agreed with City of Onkaparinga. The internal audit findings expressed in the report will be formed on the above basis.

***Third party reliance***

This scope is solely for the purpose set out above and City of Onkaparinga information and is not to be used for any other purpose or distributed to any other party without KPMG's prior written consent. The internal audit report is to be prepared at the request of the City of Onkaparinga Committee or its delegate in connection with our engagement to perform internal audit services as detailed in the engagement contract. Other than our responsibility to City of Onkaparinga, neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party, including but not limited to City of Onkaparinga's external auditor, on the internal audit report. Any reliance placed is that party's sole responsible.

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Attachment 4

# City of Onkaparinga

## Internal Audit Project Scope: Long Term Financial Planning Review

**DRAFT**

July 2026

# Internal Audit Program 2026/27: Long Term Financial Planning Internal Audit

In accordance with the 2026/27 Internal Audit Plan for the City of Onkaparinga (CoO), an internal audit project focussing on the Long Term Financial Planning (LTFP) process will be performed. The objective, scope and approach are outlined below.

## Objective

The objective of the internal audit is to assess the adequacy and effectiveness of the CoO's LTFP framework, including the LTFP, supporting governance arrangements, policies, procedures, key assumptions and alignment with legislative requirements and Council objectives.

## Scope

To address the overall objective above, the scope of this internal audit will include consideration of the following:

- Documented policies, procedures and governance arrangements supporting the development, review, approval, monitoring and reporting of the LTFP.
- Processes that support compliance with relevant legislative requirements, including the Local Government Act 1999 (SA) strategic management planning and long-term financial planning obligations.
- Alignment between the LTFP, Strategic Plan, Annual Business Plan and Budget, Asset Management Plans and other key strategic planning documents.
- Review of the annual budgeting process, including its integration with the LTFP, strategic priorities and asset investment requirements.
- Reasonableness and governance of key assumptions underpinning the LTFP, including revenue, rates, growth, grants, operating expenditure, employee costs, capital expenditure and borrowings.
- Evaluation of the extent to which asset renewal, maintenance and infrastructure investment requirements have been incorporated into the LTFP and aligned with Asset Management Plans.
- Review of Council's approach to identifying, assessing and managing financial sustainability risks, including scenario planning and sensitivity analysis.
- Assessment of Council's approach to financial sustainability, including the use of financial indicators, targets and performance measures.
- Assessment of reporting provided to Management, Council and the Audit and Risk Committee to support oversight of long-term financial sustainability.
- Identification of opportunities to strengthen governance, planning processes and long-term financial decision-making.

## Approach

In performing this engagement, the following approach will be followed:

- Desktop review of relevant policies, procedures, strategic plans, Asset Management Plans, Annual Business Plans and Budgets, the LTFP model and supporting documentation.
- Conduct a maximum of seven (7) stakeholder consultations with key stakeholders across Finance, Assets, Infrastructure, Strategy and Executive Leadership functions and two (2) members of the Audit and Risk Committee.
- Review of the annual budgeting and LTFP processes, key assumptions, financial modelling methodologies, governance processes and reporting arrangements.
- Conduct an assessment of current practices against relevant legislative requirements.
- Conduct a validation workshop with Management to confirm observations and improvement opportunities.
- Preparation of a report, including findings and recommendations.

## Scope Exclusions

The internal audit will not include:

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- Independent verification of the completeness, accuracy or reasonableness of financial data, assumptions, forecasts, projections or inputs used within the LTFP.
- Detailed re-performance or validation of financial modelling calculations, depreciation models, asset valuations or other underlying financial forecasts.
- Assessment of the achievability of future financial outcomes, funding assumptions, budget estimates or projections contained within the LTFP.
- Provision of accounting, taxation, legal, actuarial, engineering or other specialist advice.

## Stakeholders

The following stakeholders have been identified based on preliminary discussions with the CoO:

| Personnel | Position title |
|---|---|
| Jade Bird | Director, Corporate and Commercial |
| Renee Mitchell | Director, Planning, Governance and Regulatory Services |
| Belinda Button | Manager, Financial Services |
| Ben Harkin | Manager Governance |
| TBC | Elected Member, Audit and Risk Committee |
| TBC | Independent Member, Audit and Risk Committee |
| Morgan Ellingham | Manager Assets & Technical Services |
| Emily Kenchington | Manager Construction & Projects |
| Nicole Roberts | Team Leader, Corporate Governance |
| Caroline Parkin | Audit and Risk Officer |

## Resources and Budget

The leadership team for this internal audit are listed below along with the proposed budget:

- Eric Beere, Partner
- Heather Martens, Director
- Vladimir Kalmanovich, Local Government SME, Director
- Navya Gunwardena, Manager

Additional supporting engagement team members will be identified closer to the initiation of the fieldwork.

The budget for this internal audit is $30,000 (excl. GST). We will discuss and agree in advance with Management any time to be incurred that may result in fees exceeding this estimate. Any out-of-pocket expenses incurred will be billed to the CoO at cost.

## Timing

The proposed timing for this internal audit is as follows:

| Activity | Timeframe |
|---|---|
| Circulation of document request list | September 2026 |
| Kick-Off Meeting | September 2026 |
| Fieldwork Commencement | October 2026 |
| Fieldwork Completion | November 2026 |
| Issuance of Draft Report | Mid-November 2026 |
| Management Comments to be provided | Late November 2026 |
| Final Report | Early December 2026 |

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## Approvals

We are in agreement with the scope document for the Internal Audit project.

| **CoO Internal Audit Project Sponsor:** | **KPMG Internal Audit Partner:** |
|---|---|
| Name: Jade Bird, Director (Corporate) | Name: Eric Beere (Partner) |
| Signed: | Signed: |
| Date: | Date: |

## Disclaimers

***Inherent limitations***

The services provided in connection with the engagement comprise an advisory engagement which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and consequently no opinions or conclusions intended to convey assurance will be expressed. Due to the inherent limitations of any internal control structure, it is possible that fraud, error or non-compliance with laws and regulations may occur and not be detected. Further, the internal control structure, within which the control procedures that are to be subject to the procedures we perform, will not be reviewed in its entirety and, therefore, no opinion or view is to be expressed as to its effectiveness of the greater internal control structure. The procedures to be performed are not designed to detect all weaknesses in control procedures as they are not performed continuously throughout the period and the tests performed on the control procedures are on a sample basis. Any projection of the evaluation of control procedures to future periods is subject to the risk that the procedures may become inadequate because of changes in conditions, or that the degree of compliance with them may deteriorate.

Our review will be conducted based on information and documentation provided by Council. KPMG will not independently verify the completeness, accuracy or reasonableness of information, data, assumptions, forecasts or projections provided for the purposes of this engagement. Accordingly, our findings and recommendations will be based on the information made available during the review.

No warranty of completeness, accuracy or reliability can be given in relation to the statements and representations made by, and the information and documentation provided by, City of Onkaparinga's Management and personnel. We shall seek to independently verify those sources unless otherwise noted within the report. We are under no obligation in any circumstance to update the report, in either oral or written form, for events occurring after the report has been issued in final form unless specifically agreed with City of Onkaparinga. The internal audit findings expressed in the report will be formed on the above basis.

***Third party reliance***

This scope is solely for the purpose set out above and City of Onkaparinga information and is not to be used for any other purpose or distributed to any other party without KPMG's prior written consent. The internal audit report is to be prepared at the request of the City of Onkaparinga Committee or its delegate in connection with our engagement to perform internal audit services as detailed in the engagement contract. Other than our responsibility to City of Onkaparinga, neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party, including but not limited to City of Onkaparinga's external auditor, on the internal audit report. Any reliance placed is that party's sole responsibility.

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# OUTSTANDING INTERNAL AUDIT ACTION ITEMS
# QUARTERLY REPORT

| Audit Name: 2020 Rates Revenue Assurance Audit | Date Audit Completed: February 2020 |
|---|---|

**IAA ID: 95 Audit report recommendation 11: Formally identify and assess the rateability of all Council-owned properties that are leased to third parties. For properties determined to be rateable, assess their eligibility.**

| Risk Rating: Moderate | Status: Overdue | Agreed Due Date: 31/12/2021 | New Extended Due Date: | Approval notes for change to ECD: N/A |
|---|---|---|---|---|
| **Task ID 95-1**<br>**Agreed Action:** Once the Property Transactions Team develops a Property Lease Register that identifies each exclusive occupation, the Property Transaction team and Revenue team will use the Register to identify the corresponding property record and consider if a valuation record is required from the VG, which includes: -Leases to be provided to VG to be considered and assessed for valuation purposes -Returned to Revenue team for record creation and reconciliation - Sporting Club review and assess for exemption -Engagement with the Director Group and internal stakeholders for change in practice Engagement with impacted parties being community and sporting groups. | **Current Status:** No further work has been undertaken in the last quarter.<br>A meeting is being organised between Revenue and Property to revisit all outstanding issues and develop a plan forward. | | | Responsibility: Belinda Button<br>Task Due Date: 31/12/2021<br>Expected Completion Date: Further discussion required on leasing before this can move forward.<br>**Status: Overdue** |

| Audit Name: 2021 Legislative Compliance - Permits and Licences | Date Audit Completed: July 2021 |
|---|---|

**IAA ID: 155 Audit report recommendation 3.2 Opportunity to further enable Permits Team efficiency via systems improvements**

| Risk Rating: Low | Status: Overdue | Agreed Due Date: 30/11/2022 | New Extended Due Date: | Approval notes for change to ECD: N/A |
|---|---|---|---|---|
| **Task ID 155-1**<br>**Agreed Action:** Consider implementing functionality to lodge all permit applications online, including functionality for:<br>- automatic reminders if supporting documentation has not been submitted<br>- payment at the time of application being lodged<br>- applicant to track the status of their application.<br>Staff will explore if Council's website has the functionality for this. If available an action plan will need to be created to determine cost benefit and timeframes.<br>Noting there may be some changes because of the Local Government Act transition to align with the transition date. | **Current Status:**<br>The OneCouncil patch was installed February 2026 and now electronic lodgement by customers including online -upfront payments have been reinstated.<br>OneCouncil Project 3 – system limitations and impacts:<br>•The system currently supports approximately 80% of permit application types, with the remaining 20% continuing to be processed manually.<br>•Certain permit types, such as event permits, are still lodged and processed manually, as the new module does not yet cater for these applications.<br>•The system does not currently generate automatic reminders where supporting documentation has not been submitted.<br>•Applicants are unable to track the status of their applications online, resulting in frequent enquiries to staff for updates.<br>•The system does not include an integrated event calendar to support visibility of scheduled events and identify potential clashes.<br>•Staff are required to manually monitor and confirm invoice payments.<br>•A processing "clock" has been introduced in the latest version of the permits module. This is a positive enhancement and, once sufficient data is available, will enable the capture of meaningful information to inform future KPIs, including trends, demand, and referral timeframes with other teams. | | | Responsibility: Fiona Dallimore<br>Task Due Date: 30/11/2022<br>Expected Completion Date: Awaiting ICT prioritisation<br>**Status: Overdue** |

**IAA ID: 156 Audit report recommendation 3.3 (11) A need to consider methods to encourage more timely permit applications, and to ensure clarity on applicable legislation.**

| Risk Rating: Moderate | Status: Overdue | Agreed Due Date: 30/11/2022 | New Extended Due Date: | Approval notes for change to ECD: N/A |
|---|---|---|---|---|
| **Task ID 156-1**<br>**Agreed Action:** Develop a set of pragmatic key performance measures for the Property Transactions Team (based, for example, on permit turnaround time, number of applications pending/fully executed/declined/appealed/ withdrawn) to be reported on and monitored on a regular (e.g. quarterly,<br>six-monthly) basis.<br>In developing these measures, be informed by/consider benchmarking with peer councils.<br>Appropriate risk-based KPMs that will help identify risk based issues, such as not meeting regulatory requirements, risks to the public or customer expectations, will be implemented. | **Current Status:** KPI's exist for most application forms. Educating applicants to respect the proposed processing timeframes (i.e. Please allow four weeks for this application to be processed) is ongoing. Measuring performance outcome against the proposed processing timeframes will be more meaningful once the built-in clock, established in the up-graded OneCouncil Permits Module (September 2025) has at least 12 months of data to review. | | | Responsibility: Fiona Dallimore<br>Task Due Date: 30/11/2022<br>Expected Completion Date: 30/09/2026<br>**Status: Overdue** |

| Audit Name: 2023 Internal Financial Controls Self Assessment | Date Audit Completed: July 2023 |
|---|---|

**IAA ID: 193 General and Project Ledger reporting**

| Risk Rating: Moderate | Status: Overdue | Agreed Due Date: 01/07/2025 | New Extended Due Date: | Approval notes for change to ECD: N/A |
|---|---|---|---|---|
| **Task ID 193-1**<br>**Agreed Action:** The action plan involves reconfiguring the chart of accounts to transition from using two ledgers for data postings (General Ledger and Project Ledger) to using a single ledger (the Project Ledger). This will require approval from the Change Authority Board (CAB) due to the impacts on different TechnologyOne modules and their configuration, and engaging a consultant to review the options available in doing this. | **Current Status:** This has been identified as a key priority under the Top 10 One Council initiative and is being actively progressed. The Executive and Manager groups are working together to define the problem statements, objectives and opportunities associated with each priority project Once this work has been completed projects will be assessed and prioritised for inclusion on the ICT workplan. A further workshop with Managers and Executive to scheduled for 3 August 2026 to continue this process. | | | Responsibility: Belinda Button<br>Task Due Date: 01/07/2025<br>Expected Completion Date: Awaiting ICT strategic prioritisation timeframe.<br>**Status: Overdue** |

# OUTSTANDING INTERNAL AUDIT ACTION ITEMS
# QUARTERLY REPORT

| Audit Name: 2024 Activations Program (Encore Summer) Internal Audit | Date Audit Completed: December 2024 |
|---|---|

**IAA ID: 223 Uplift required in Activation safety management processes**

| Risk Rating: Moderate | Status: Overdue | Agreed Due Date: 31/08/2025 | New Extended Due Date: 30/09/2025 | Approval notes for change to ECD: 1 month extension granted by Director Corporate |
|---|---|---|---|---|
| **Task ID 223-2**<br>**Agreed Action:** Train and embed within formal guideline the process for logging, managing and reporting incidents that occur within the Activation Program, to include the following:<br>•Definition of what constitutes a reportable incident including examples.<br>•Clearly outline roles and responsibilities of all parties when an incident occurs, during post-incident investigation and reporting. This should include the responsibilities for CoO staff and the Host.<br>•Further specify timeframes for reporting incidents to the CoO and also for completing the post-incident report. | **Current Status:** The draft procedure has been revised following consultation and stakeholder feedback, which identified the need to adjust the proposed approach for leaseholders. Additional amendments were also incorporated to address recommendations arising from the KPMG Contractor Management review. These changes have now been completed, with consultation continuing with relevant stakeholders prior to seeking endorsement from the Directors Group. | | | Responsibility: Rob Newlands<br>Task Due Date: 30/09/2025<br>Expected Completion Date: 30/09/2026<br>**Status: Overdue** |

| Audit Name: 2024 Internal Financial Controls Self Assessment | Date Audit Completed: December 2024 |
|---|---|

**IAA ID: 227 Internal Financial Control Self Assessment - partially effective and ineffective controls.**

| Risk Rating: Moderate | Status: Overdue | Agreed Due Date: 30/06/2025 | New Extended Due Date: 30/01/2026 | Approval notes for change to ECD: Extension approved by Director Corporate, due to need for external system development. |
|---|---|---|---|---|
| **Task ID 227-2**<br>**Agreed Action:** OneCouncil implementation - Partial Effective<br>Since implementation of OneCouncil in April 2024 the monthly sundry debtor reporting has not been active. Action required to create and then complete further training with the business units. | **Current Status:** The sundry debt treatment plan is to be presented to Executive on 29 July 2026. Following approval, works will commence on configuration of the debt recovery module in OneCouncil.<br>Following successful implementation of the module<br>- targeted training for business units on their roles and responsibilities in the debt recovery process will be implemented.<br>- targeted training for business units on using dashboards and/or reports<br>- monthly debt reporting packs to be shared with business units / managers / directors | | | Responsibility: Tania Feleppa<br>Task Due Date: 30/01/2026<br>Expected Completion Date: Awaiting approval for ICT work.<br>**Status: Overdue** |
| **Task ID 227-5**<br>**Agreed Action:** Debtors processes to be updated following OneCouncil implementation. | **Current Status:**<br>As part of year end processes a reconciliation of transactions in the debtor system to postings in the general ledger for debtor control accounts was undertaken.<br>Incorrect postings for postponed accounts were identified and where possible corrected in the debtors system setups.<br>Work to be undertaken to streamline the reconciliation process so that it can be managed on a monthly basis.<br>As part of the health check being undertaken by Technology One, issues with currently available reports will be identified and improved which will have a positive flow on effect to monthly reconciliation processes. | | | Responsibility: Tania Feleppa<br>Task Due Date: 30/09/2025<br>Expected Completion Date: Awaiting approval for ICT work.<br>**Status: Overdue** |

| Audit Name: 2025 Workforce Plan Internal Audit | Date Audit Completed: April 2025 |
|---|---|

**IAA ID: 228 Data limitations impacting maturity of Workforce Plan processes and initiatives.**

| Risk Rating: Moderate | Status: Complete June 2026 | Agreed Due Date: 30/06/2026 | New Extended Due Date: | Approval notes for change to ECD: N/A |
|---|---|---|---|---|
| **Task ID 228-1**<br>**Agreed Action:** 1. Agree to investigate functionality of OneCouncil for the purpose of:<br>- Centralising sectional planning, workforce data and related targets / KPIs.<br>- Critical role identification. | **Current Status:**<br>ECM OneCouncil will be the centralised storage and retrieval destination for centrally storing all relevant documents, and the Resources Hub on Compass (intranet) will offer an employee friendly way to search and locate the required documents which will be linked to ECM, ensuring centralised, current document control. This is now complete. | | | Responsibility: Stacey Planzer<br>Task Due Date: 30/06/2026<br>Expected Completion Date:<br>**Status: Complete June 2026** |

| Audit Name: 2025 Fraud and Corruption Management Internal Audit | Date Audit Completed: April 2025 |
|---|---|

**IAA ID: 230 Manual timesheet approval processes are vulnerable to human error and may fail to detect fraud.**

| Risk Rating: High | Status: Overdue | Agreed Due Date: 31/12/2025 | New Extended Due Date: | Approval notes for change to ECD: N/A |
|---|---|---|---|---|
| **Task ID 230-1**<br>**Agreed Action:** The CoO will investigate whether OneCouncil has functionality to:<br>•Provide alerts or prompts for leaders when a timesheet has not met the submission timeframe.<br>•Automatically disseminate the existing fortnightly timesheet completion reports to people leaders for review and actioning. | **Current Status:** Work has continued to evolve timesheeting across the organisation, with improved processes for Library staff currently being tested. HRP project continues to clarify elements of the Enterprise Agreements and their application, the result of which will assist in timesheet governance from a payroll perspective.<br><br>Current system configuration does not have the level of sophistication of EA interpretation however further investigation will occur as part of the HRP project.<br><br>All staff emails have been scaled back however regular reminders will be included on Compass.<br><br>The HRP project has been identified as a key priority under the Top 10 One Council initiative and is being actively progressed and due date for this action item will need to be amended to align with the project. A further workshop with Managers and Executive to scheduled for 3 August 2026 to continue this process. | | | Responsibility: Kevin Carter<br>Task Due Date: 31/12/2025<br>Expected Completion Date: Awaiting ICT prioritisation - 31/12/26<br>**Status: Overdue** |

# OUTSTANDING INTERNAL AUDIT ACTION ITEMS
# QUARTERLY REPORT

| Audit Name: 2025 Internal Financial Control Self Assessment | | | | Date Audit Completed: August 2025 |
|---|---|---|---|---|
| **IAA ID: 233 Partially Effective Controls** | | | | |
| **Risk Rating: Moderate** | **Status: Complete June 2026** | **Agreed Due Date: 30/06/2026** | **New Extended Due Date:** | **Approval notes for change to ECD:** N/A |
| **Task ID 233-1**<br>**Agreed Action:** Policies and Procedures expired 2023 or earlier are being targeted for renewal with meetings held by Manager Governance with the relevant manager for the area to determine next steps to get the document reviewed. The option of external review is available and being considered along with other options. | **Current Status:** Team Leader Corporate Governance and Senior Governance Officers have been working with teams to get updates on review status'. Regular 6 weekly meetings with Community Safety and Property Manager and relevant Managers/ Team Leaders have been undertaken with great progress in document review currency. Procedures have been amalgamated and included other sections' processes for a more holistic approach.<br>Team Leader Corporate Governance has undertaken a full review of list of out of date policies and procedure with follow ups to key areas with backlogs or greatly overdue documents.<br>Reliansys register is being updated with relevant updates received.<br>Progress is being made but will be ongoing as documents come up for review.<br>The risk is considered lower because documents are not significantly overdue for review, and business areas are actively reviewing required documents. As at 30 June 2026 the oldest date due for review is 2019, which is a considerable improvement with over 80% of documents are up to date or due for review in the last year. This action item will be closed and progress will continue to be monitored via the IFC Self Assessment and Corporate Governance Quarterly Reporting. | | | Responsibility: Nicole Roberts<br>Task Due Date: 30/06/2026<br>Expected Completion Date:<br>**Status: Complete June 2026** |

| Audit Name: 2025 Project Management Internal Audit | | | | Date Audit Completed: December 2025 |
|---|---|---|---|---|
| **IAA ID: 234 Gaps in the Project Management Framework** | | | | |
| **Risk Rating: High** | **Status: Current** | **Agreed Due Date: 30/06/2027** | **New Extended Due Date:** | **Approval notes for change to ECD:** N/A |
| **Task ID 234-1**<br>**Agreed Action:** Update the existing PMF to incorporate, at a minimum, the following elements:<br>•Develop a risk-based project tiering matrix to categorise projects into tiers such as Tier 1 (Strategic/High Complexity), Tier 2 (Moderate Complexity), and Tier 3 (Standard/Low Complexity). The matrix should incorporate criteria such as project type, value, risk, and complexity to guide the appropriate level of governance, management effort, oversight, and reporting. For each tier, apply a fit-for-purpose approach to project management processes, ensuring requirements are proportionate to the project's risk and complexity.<br>•Include a clearly defined process for managing scope variations, including requirements for identifying, approving, and reporting changes to project scope.<br>•Include minimum requirements for managing capital projects from contract award through to completion, with clear linkages to current contract management processes.<br>2.Integrate a RACI matrix into PM4 to clarify decision-making and accountability. Mandate the use of the PM4 template for all medium and high-risk projects. | **Current Status:** The project scope (PM2) for the Project Management Framework Review was considered by ARC at its meeting on 7 May 2026. Work has now commenced in accordance with the agreed project scope. | | | Responsibility: Ben Calder<br>Task Due Date: 30/06/2027<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |

| **IAA ID: 235 Further formalisation of the use of oversight bodies and project reporting** | | | | |
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| **Risk Rating: High** | **Status: Current** | **Agreed Due Date: 30/06/2027** | **New Extended Due Date:** | **Approval notes for change to ECD:** N/A |
| **Task ID 235-1**<br>**Agreed Action:** This recommendation as been agreed and will be addressed as part of a full review of the Project Management Framework. The CoO will improve existing tools used at the Project Management Board to provide RAG reporting and clear tracking. Additionally, the CoO will ensure Terms of Reference requirements include senior stakeholders and reinforce with minuting attendance. | **Current Status:** The project scope (PM2) for the Project Management Framework Review was considered by ARC at its meeting on 7 May 2026. Work has now commenced in accordance with the agreed project scope. | | | Responsibility: Emily Kenchington<br>Task Due Date: 30/06/2027<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |
| **Task ID 235-2**<br>**Agreed Action:** The recommendations have been agreed to and will be addressed as part of a full review of the Project Management Framework. The detailed review will be undertaken via a Project Governance project. | **Current Status:** The project scope (PM2) for the Project Management Framework Review was considered by ARC at its meeting on 7 May 2026. Work has now commenced in accordance with the agreed project scope. | | | Responsibility: Ben Calder<br>Task Due Date: 30/06/2027<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |

| **IAA ID: 236 Further formalisation and rigour required in project budget management** | | | | |
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| **Risk Rating: Moderate** | **Status: Current** | **Agreed Due Date: 30/06/2027** | **New Extended Due Date:** | **Approval notes for change to ECD:** N/A |
| **Task ID 236-1**<br>**Agreed Action:** The recommendation has been agreed to, the CoO will review and refine the Project Management templates to incorporate guidance in budget development. This will be undertaken in conjunction with the full review of the Project Management Framework. | **Current Status:** This will be undertaken in conjunction with the review of the Project Management Framework, which has commenced. | | | Responsibility: Belinda Button<br>Task Due Date: 30/06/2027<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |

# OUTSTANDING INTERNAL AUDIT ACTION ITEMS
# QUARTERLY REPORT

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| **Task ID 236-2**<br>**Agreed Action:** Implement a process to track internal staff costs throughout the project lifecycle to improve financial visibility and control. | **Current Status:** This has not been identified as a priority in the Top 10 One Council initiative. As such, there are currently insufficient resources available to investigate and/or implement the required technical solution.<br><br>Important to note, the costs of the outside workforce (delivery crews) is already tracked throughout the project lifecycle. This action item only relates to the project leaders/managers whose costs are allocated to projects as an overhead at the completion of the project. | Responsibility: Belinda Button<br>Task Due Date: 30/06/2027<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |
| **Task ID 236-3**<br>**Agreed Action:** Adopt a standardised, centralised system for project financial tracking to replace inconsistent, individual spreadsheets and enable effective program level monitoring and reporting. | **Current Status:** Work continuing to determine requirements for project / forecast reporting. Suggest this should align to improvements to the PLM module currently being undertaken by the Operations directorate. | Responsibility: Belinda Button<br>Task Due Date: 30/06/2027<br>Expected Completion Date: 30/12/2026<br>**Status: Current** |
| **Task ID 236-4**<br>**Agreed Action:** Document a clear process within the PMF for managing and approving budget variations and calculating contingency funds, ensuring alignment with relevant procurement documentation. Apply a risk-based approach so contingency allocation and approval requirements are proportionate to project tier, improving consistency, transparency, and financial control. | **Current Status:** This will be undertaken in conjunction with the review of the Project Management Framework. The project scope (PM2) for the Project Management Framework Review was considered by ARC at its meeting on 7 May 2026. Work has now commenced in accordance with the agreed project scope. | Responsibility: Belinda Button<br>Task Due Date: 30/06/2027<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |

**IAA ID: 237 Gaps in Project Close-Out activities**

| **Risk Rating: Moderate** | **Status: Current** | **Agreed Due Date: 30/06/2027** | **New Extended Due Date:** | **Approval notes for change to ECD:** N/A |
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| **Task ID 237-1**<br>**Agreed Action:** 1 – 3.<br>1.Mandate structured lessons learned activities throughout the project lifecycle, including documentation at key milestones and project closure. Embed this requirement into the PMF and ensure project teams allocate time and resources for reflection and improvement.<br>2.Introduce scalable post-implementation review processes that align with project's relevant tier. Ensure completion PM13 is mandatory for all projects, with simplified templates for smaller initiatives to reduce resource burden.<br>3.Introduce a scalable benefits realisation process aligned to the project's tier. Ensure PM14 is mandatory for all projects, with simplified templates and streamlined metrics for smaller initiatives to reduce administrative burden. Benefits tracking should be integrated into project closure activities, with clear timelines and evaluation criteria to support transparency and accountability. | **Current Status:** The project scope (PM2) for the Project Management Framework Review was considered by ARC at its meeting on 7 May 2026. Work has now commenced in accordance with the agreed project scope. | Responsibility: Emily Kenchington<br>Task Due Date: 30/06/2027<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |

| **Audit Name: 2026 Contractor Management** | **Date Audit Completed: March 2026** |
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**IAA ID: 242 Inconsistent WHS oversight and incident reporting**

| **Risk Rating: Moderate** | **Status: Current** | **Agreed Due Date: 30/06/2027** | **New Extended Due Date:** | **Approval notes for change to ECD:** N/A |
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| **Task ID 242-1**<br>**Agreed Action:** The WHS Incident Procedure and contractor induction training materials will be reviewed and updated to clarify Project Manager responsibilities. This includes strengthening guidance on ensuring all contractor incidents are entered into Skytrust within one business day to support timely reporting and effective risk management. | **Current Status:** The Incident Management Procedure has been updated to further clarify contractor responsibilities for incident notification, including requirements for both contractors with site management responsibilities and those providing services on Council sites. A review of contractor induction materials is also underway to ensure project manager responsibilities are clearly articulated and supported through the induction process. | Responsibility: Robin Newlands<br>Task Due Date: 30/09/2026<br>Expected Completion Date: 30/09/2026<br>**Status: Current** |
| **Task ID242-2**<br>**Agreed Action:** A systematic approach will be explored using the Skytrust (WHS) system to facilitate contractor site WHS inspections, requiring application by all Contract Managers. This will include documenting all follow up actions as corrective and preventative actions within Skytrust, ensuring consistent tracking, accountability, and closure of identified issues. | **Current Status:** A process has been established to support contractor site safety inspections using the SkyTrust External Workplace Site Inspection Checklist, helping to verify that contractors are implementing appropriate safe systems of work. Inspection outcomes are recorded within SkyTrust, with identified improvement opportunities documented and managed through corrective and preventative actions in line with existing procedures. The system also enables ongoing tracking and monitoring of actions through to closure, with any unresolved matters escalated to the relevant Manager or Work Health and Safety Committee for review and oversight. | Responsibility: Robin Newlands<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Current** |
| **Task ID 242-3**<br>**Agreed Action:** The CoO will establish as part of the contractor induction assessment process, requirement that the nominated Contract Manager determines the required frequency of WHS site inspections for each contractor. Once established, these inspection schedules can be established by the WHS team within Skytrust, enabling automated email reminders to the responsible Project Manager to support timely completion and compliance. | **Current Status:** A process has been developed in consultation with the WHS team to support contractor project managers in engaging with the Senior WHS Business Partner when establishing contractor services. This discussion helps identify relevant WHS risks and determine an appropriate frequency for site safety inspections, which are then configured within the SkyTrust inspection system. The process is currently in a testing phase to confirm its effectiveness prior to being incorporated into the updated contractor induction materials and supporting guidance. | Responsibility: Robin Newlands<br>Task Due Date: 31/10/2026<br>Expected Completion Date: 31/10/2026<br>**Status: Current** |
| **Task ID 242-4**<br>**Agreed Action:** In line with current Incident Procedure (WHS) requirements, WHS will collaborate with the Contract Manager to investigate contractor incidents based on assessed risk priority. This process will be initiated once the contractor incident has been entered into Skytrust, ensuring timely and risk aligned investigation and response. | **Current Status:** The revised Incident Management Procedure further clarifies the responsibilities of Contractor Managers in partnership with the WHS team for the response to and investigation of contractor-related incidents. The procedure incorporates a risk-based response matrix to guide the level of investigation and oversight required. Contractor Managers are required to enter incident details into the SkyTrust system within one business day of notification, enabling timely assessment, investigation and management of corrective actions in accordance with established processes. | Responsibility: Robin Newlands<br>Task Due Date: 31/07/2026<br>Expected Completion Date: 31/07/2026<br>**Status: Current** |

# OUTSTANDING INTERNAL AUDIT ACTION ITEMS
# QUARTERLY REPORT

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| **Task ID 242-5**<br>**Agreed Action:** WHS Quarterly Reports had already been enhanced to incorporate emerging WHS contractor risks. As a further improvement, Contractor incident/injury trend analysis be reviewed through the WHS Committees | **Current Status:** Information relating to contractor incidents, trends and emerging risk factors is incorporated into quarterly WHS reporting. These matters are considered through the relevant WHS Committees, providing an opportunity for consultation and discussion on identified hazards and improvement opportunities. Key topics are reflected in committee agendas, with agreed actions documented and monitored through meeting minutes to support ongoing review and continuous improvement. | Responsibility: Robin Newlands<br>Task Due Date: 31/07/2026<br>Expected Completion Date: 31/07/2026<br>**Status: Complete June 2026** |

**IAA ID: 243 Lack of risk-based management of contractors across end-to-end processes**

| Risk Rating: Moderate | Status: Complete June 2026 | Agreed Due Date: 30/06/2027 | New Extended Due Date: | Approval notes for change to ECD: N/A |
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| **Task ID 243-1**<br>**Agreed Action:** The Contract Manager, in accordance with the Risk Management Framework, will determine a risk profile upon contract execution, and identify appropriate controls. The CoO will investigate if risk profiles can be captured in the OneCouncil contract register. | **Current Status:** Risk profile is determined during evaluation stage and confirmed upon execution of contract. | Responsibility: Cameron King<br>Task Due Date: 30/09/2026<br>Expected Completion Date: 30/09/2026<br>**Status: Complete June 2026** |
| **Task ID 243-2**<br>**Agreed Action:** The Contract Manager will provide supporting documentation during procurement planning, including a risk assessment where necessary. Templates allow for standardised capture of KPIs, performance monitoring and escalation process. The CoO will review policies, procedures and templates to establish a minimum standard aligned to contract risk profiles. | **Current Status:** Contract manager is required to undertaken risk assessments prior to procurement. Templates allow for risk assessment and performance management. | Responsibility: Cameron King<br>Task Due Date: 30/09/2026<br>Expected Completion Date: 30/09/2026<br>**Status: Complete June 2026** |
| **Task ID 243-3**<br>**Agreed Action:** The CoO is trialling a supplier review system in OneCouncil which includes performance assessments at different milestones. This trial is currently underway and will capture various performance and risk metrics during, and upon completion of the contracts. | **Current Status:** Supplier review system has been implemented, includes ability to capture performance and risk metrics. | Responsibility: Cameron King<br>Task Due Date: 30/09/2026<br>Expected Completion Date: 30/09/2026<br>**Status: Complete June 2026** |

**IAA ID: 244 Lack of a consistent system for centrally managing Contractor licences and qualifications**

| Risk Rating: Low | Status: Current | Agreed Due Date: 30/06/2027 | New Extended Due Date: | Approval notes for change to ECD: N/A |
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| **Task ID 244-1**<br>**Agreed Action:** The CoO will establish a centralised repository within the OneCouncil contract register to record and manage contractor licences and insurances. | **Current Status:** Council has established a centralised repository to record and manage contractor licenses and insurances, these are captured prior to contract execution. | Responsibility: Cameron King<br>Task Due Date: 31/08/2026<br>Expected Completion Date: 31/08/2026<br>**Status: Complete June 2026** |
| **Task ID 244-2**<br>**Agreed Action:** The Contract Management Procedure will be updated to include clearly defined roles and responsibilities. | **Current Status:** In progress, Contract Management Procedure will be updated prior to review, which is due March 2027. | Responsibility: Cameron King<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |
| **Task ID 244-3**<br>**Agreed Action:** Automated alerts will be distributed to Contract Managers via OneCouncil, to notify of approaching expiry dates for relevant licences and insurances. | **Current Status:** Automated alerts are distributed to Contract Managers via OneCouncil, to notify of approaching expiry dates for relevant licences and insurances. | Responsibility: Cameron King<br>Task Due Date: 31/08/2026<br>Expected Completion Date: 31/08/2026<br>**Status: Complete June 2026** |
| **Task ID 244-4**<br>**Agreed Action:** The CoO will establish reporting and escalation channels using the OneCouncil contract register functionality. This will include defining actions if a contractor's licences or insurances expire. | **Current Status:** Reporting and escalation channels to be defined within the Contract Management Procedure. Updates will be included prior to review of Procedure, which is due March 2027. | Responsibility: Cameron King<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |

**IAA ID: 245 Absence of formalised and measurable Contractor KPIs**

| Risk Rating: Low | Status: Complete June 2026 | Agreed Due Date: 30/06/2027 | New Extended Due Date: | Approval notes for change to ECD: N/A |
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| **Task ID 245-1**<br>**Agreed Action:** The CoO will capture KPIs during the procurement planning phase. These will be recorded within the Project Overview template, and included in the tender documents and subsequent final contract as a legal obligation. The Procurement team will provide guidance to Contract Managers during procurement planning to define suitable KPIs. | **Current Status:** KPI guidelines and examples have been added Project Overview (ECM 5816932) and Contract Management Plan (ECM 6795195) templates. Intent is to assist officers with more effective management of contracts. | Responsibility: Cameron King<br>Task Due Date: 31/07/2026<br>Expected Completion Date: 31/07/2026<br>**Status: Complete June 2026** |

# OUTSTANDING INTERNAL AUDIT ACTION ITEMS
# QUARTERLY REPORT

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| **Task ID 245-2**<br>**Agreed Action:** Moving forward, KPIs will be aligned to the relevant contract type and tailored to specific requirements, which may include milestones, metrics, risk, and compliance considerations. All KPIs will be clearly defined and measurable. | **Current Status:** KPI guidelines and examples have been added Project Overview (ECM 5816932) and Contract Management Plan (ECM 6795195) templates. Intent is to assist officers with more effective management of contracts. | Responsibility: Cameron King<br>Task Due Date: 31/07/2026<br>Expected Completion Date: 31/07/2026<br>**Status: Complete June 2026** |
| **Task ID 245-3**<br>**Agreed Action:** Monitoring and reporting requirements will be clearly defined during the contract planning phase and included in the contract. This will include responsibilities of both the CoO and the contractor, and frequency of performance reviews. | **Current Status:** KPI guidelines and examples have been added Project Overview (ECM 5816932) and Contract Management Plan (ECM 6795195) templates. Intent is to assist officers with more effective management of contracts. | Responsibility: Cameron King<br>Task Due Date: 31/07/2026<br>Expected Completion Date: 31/07/2026<br>**Status: Complete June 2026** |

| **Audit Name: 2026 Volunteer Management** | | | | **Date Audit Completed: March 2026** |
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| **IAA ID: 246 Risk Management of Volunteer practices** | | | | |
| **Risk Rating: High** | **Status: Current** | **Agreed Due Date: 30/06/2027** | **New Extended Due Date:** | **Approval notes for change to ECD:** N/A |
| **Task ID 246-1**<br>**Agreed Action:** Review and update TRAs to ensure hazards are clearly separated and described with sufficient detail, rather than being grouped under broad headings. This clearer delineation will support improved alignment to relevant risk mitigations and controls and enhance assurance over current control coverage and their deemed effectiveness.<br>. | **Current Status:** July 2016 - The WHS team is progressing with review of Volunteer Task Risk Assessments (TRA's) to ensure identified hazards and associated risk factors are clearly defined and appropriately documented. As part of this review, consideration is being given to expanding hazard descriptions where required, with the aim of providing greater clarity regarding the controls and mitigation measures necessary to manage risks effectively. This work will support a more consistent and comprehensive approach to volunteer safety management. | | | Responsibility: Robin Newlands<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/206<br>**Status: Current** |
| **Task ID 246-2**<br>**Agreed Action:** The CoO will review volunteer programs/locations that are grouped within a single TRA. This will be done to determine which programs require a standalone TRA due to having specific and unique risks identified. | **Current Status: J**A review of volunteer programs and associated Task Risk Assessments has been completed in partnership with the Volunteer Coordinator. The review identified a number of activities requiring updated Task Risk Assessments to ensure potential hazards and controls are appropriately documented. To support this work, a register has been established to track the review and development of Task Risk Assessments, providing a structured approach to monitoring progress and ensuring assessments remain aligned with volunteer roles and associated risk exposures. | | | Responsibility: Robin Newlands<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/206<br>**Status: Current** |
| **Task ID 246-3**<br>**Agreed Action:** Psychosocial hazards will be integrated into TRAs and safety planning. Targeted awareness training will be provided and support resources for both volunteers and staff to proactively address and reduce mental health risks. | **Current Status:** Training under development via L&D/WHS. TRAs under review by WHS. | | | Responsibility: Stacey Planzer<br>Task Due Date: 30/06/2027<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |
| **Task ID 246-4**<br>**Agreed Action:** Review current volunteer TRAs against volunteer programs to establish a consistent approach to TRA reviews and determine requirements for additional task-specific assessments for high-risk activities. | **Current Status:** JA review of volunteer programs and associated Task Risk Assessments has been completed in partnership with the Volunteer Coordinator. The review identified a number of activities requiring the development of new or updated Task Risk Assessments to ensure potential hazards and controls are appropriately documented. To support this work, a register has been established to track the review and development of Task Risk Assessments, providing a structured approach to monitoring progress and ensuring assessments remain aligned with volunteer roles and associated risk exposures. | | | Responsibility: Robin Newlands<br>Task Due Date: 30/06/2027<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |
| **Task ID 246-5**<br>**Agreed Action:** For standardised community bus routes, the Coo will conduct risk assessments of pick-up and drop-off points as well as the operating routes. For unique community bus routes, the Coo will implement a formalised dynamic risk assessment process that considers route-specific hazards and risks that may be encountered to ensure the route is safe and suitable. | **Current Status:** A new approach to completing job hazard assessments prior to bus drivers commencing their operational routes is currently being developed. A draft proposal has been prepared and is being progressed through stakeholder consultation to gather feedback and support the refinement of the process before implementation. This initiative aims to strengthen the identification and management of route-related hazards and ensure appropriate controls are considered before work activities commence. | | | Responsibility: Robin Newlands<br>Task Due Date: 30/06/2027<br>Expected Completion Date: 30/06/2027<br>**Status: Current** |
| **Task ID 246-6**<br>**Agreed Action:** The CoO will consider the best approach to implement a sign-in process across all volunteer programs, including consideration of IT equipment requirements. | **Current Status:** Activity has commenced; review has commenced on current practice across councils multiple volunteering sites. | | | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2027<br>Expected Completion Date: 31/12/2027<br>**Status: Current** |
| **Task ID 246-7**<br>**Agreed Action:** Review and update the WHS Incident Management Procedure to be aligned with L&D current practice to perform refresher training every five years. | **Current Status:** The draft Incident Management Procedure has been updated to include a requirement for refresher training at least every five years, supporting the ongoing maintenance of knowledge and capability in incident management processes. The Learning and Development team has confirmed that the current training refresh schedule aligns with this requirement, ensuring a consistent and coordinated approach across the organisation. | | | Responsibility: Robin Newlands<br>Task Due Date: 31/03/2026<br>Expected Completion Date: 30/09/2026<br>**Status: Current** |
| **Task ID 246-8**<br>**Agreed Action:** Improve participation rates for refresher training, reflecting WHS incident reporting and safe volunteer practices, in accordance with procedure requirements. | **Current Status:** Not yet commenced; will be scheduled in order of priority based on deadline and other commitments | | | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2027<br>Expected Completion Date: 31/12/2027<br>**Status: Current** |

# OUTSTANDING INTERNAL AUDIT ACTION ITEMS
# QUARTERLY REPORT

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| **Task ID 246-9**<br>**Agreed Action:** Implement a volunteer portal/intranet site to allow volunteers to easily access policies, procedures, updates and information in between refreshers. | **Current Status:** Not yet commenced; will be scheduled in order of priority based on deadline and other commitments | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2027<br>Expected Completion Date: 31/12/2027<br>**Status: Current** |

**IAA ID: 247 Gaps identified in the consistency and retention of volunteer records**

| Risk Rating: High | Status: Current | Agreed Due Date: 31/12/2026 | New Extended Due Date: | Approval notes for change to ECD: N/A |
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| **Task ID 247-1**<br>**Agreed Action:** The CoO has commenced a review to check that all required volunteers' clearances are in place. | **Current Status:** Review has commenced. Review will be conducted program by program. All positions have been reviewed to ensure that DHS requirements are relevant and applicable to the roles. work is underway to conduct a review of volunteer check status against position requirements. | Responsibility: Stacey Planzer<br>Task Due Date: 30/06/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Overdue** |
| **Task ID 247-2**<br>**Agreed Action:** The CoO will consider a centralised system for back of house records management of mandatory volunteering documentation. Volunteer Coordinators will retain responsibility for interviewing and reference checking applicants, as well as all volunteer facing coordination. | **Current Status:** HR have consulted with Records Management who have recommended ECM as the central system. HR have consulted with other councils, with many adopting a similar centralised system approach. Consideration has occurred.HR are preparing a brief to engage relevant directors and impacted staff. | Responsibility: Stacey Planzer<br>Task Due Date: 30/06/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Overdue** |
| **Task ID 247-3**<br>**Agreed Action:** The Volunteer Involvement Procedure will be reviewed and updated to ensure it clearly defines who is responsible for documentation storage. As part of this review, updates will be made to the appropriate checklists, and the CoO will also consider developing work instructions detailing correct documentation storage. | **Current Status:** Review of the procedure has commenced, but will be largely influenced by 247-2. | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Current** |
| **Task ID 247-4**<br>**Agreed Action:** The CoO will conduct a review of the Volunteer Management Systems to assess whether alternatives to Better Impact could provide improved functionality, reporting capability and operational efficiencies. Post this review, an options analysis and recommendation for consideration will be prepared, noting that any future system implementation will be subject to ICT and organisational prioritisation. | **Current Status:** HR have commenced scoping alternative providers. | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Current** |

**IAA ID: 248 Absence of a volunteer strategy and formalised volunteer program reviews**

| Risk Rating: Moderate | Status: Current | Agreed Due Date: 31/12/2027 | New Extended Due Date: | Approval notes for change to ECD: N/A |
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| **Task ID 248-1**<br>**Agreed Action:** The CoO will develop and create a Strategic Action Plan to collate and align all organisational strategic volunteering goals and demonstrate a unified volunteering plan and strategy. | **Current Status:** Strategy development has commenced and is on track for December completion. Stakeholder workshops have been scheduled for early August 2026. This activity is being supported by the Strategy team. | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Current** |
| **Task ID 248-2**<br>**Agreed Action:** The CoO will establish a volunteer program evaluation conducted on a rotating cycle at least every 3 years across all volunteer programs to identify strengths and areas for improvement. | **Current Status:** Volunteer program evaluation template in draft stages. Consultation to occur prior to commencement of evaluation cycle. | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2027<br>Expected Completion Date: 31/12/2027<br>**Status: Current** |
| **Task ID 248-3**<br>**Agreed Action:** The CoO will update the Volunteer Involvement Procedure to include a consultation process as part of role creation and review. Training and support will also be provided to Volunteer Coordinators, Team Leaders and Managers. | **Current Status:** Not yet commenced. | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Current** |
| **Task ID 248-4**<br>**Agreed Action:** The CoO will implement a volunteer portal/intranet site to allow volunteers to easily access consultation opportunities. | **Current Status:** Not yet commenced - this may be influenced by 247-4 | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2027<br>Expected Completion Date: 31/12/2027<br>**Status: Current** |

# OUTSTANDING INTERNAL AUDIT ACTION ITEMS
# QUARTERLY REPORT

| IAA ID: 249 Volunteer program reporting and feedback | | | | |
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| **Risk Rating: Low** | **Status: Current** | **Agreed Due Date: 30/04/2027** | **New Extended Due Date:** | **Approval notes for change to ECD:** N/A |
| **Task ID 249-1**<br>**Agreed Action:** Develop a Volunteer Impact Report snapshot of key volunteer data and trends, produced by Volunteer Management and shared internally. Investigate and establish appropriate reporting cycle and implement accordingly. | **Current Status:** Reporting dashboard under development, in conjunction with Operational Excellence team. | | | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Current** |
| **Task ID 249-2**<br>**Agreed Action:** Continue annual implementation of Volunteer Survey, key findings reporting and action planning. | **Current Status:** 2025 Survey conducted. Report to DG on 29 July 2026 for endorsement. 2026 Survey scheduled to commence late November 2026. | | | Responsibility: Stacey Planzer<br>Task Due Date: 30/04/2027<br>Expected Completion Date: 30/04/2027<br>**Status: Current** |

| IAA ID: 250 Updates and communication on volunteer guidance should align with current practices and provide further clarity | | | | |
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| **Risk Rating: Low** | **Status: Current** | **Agreed Due Date: 30/06/2027** | **New Extended Due Date:** | **Approval notes for change to ECD:** N/A |
| **Task ID 250-1**<br>**Agreed Action:** Review and update volunteer position descriptions to ensure accurate requirements are listed. Review and update role specific responsibilities and expectations. Implement central storage of position descriptions to ensure consistency and accuracy. | **Current Status:** Updated template finalised. Implementation of new template, including review of and centralisation of PD storage has commenced. 2 programs are fully implemented, including review of PD, edits, consultation and implementation. | | | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Current** |
| **Task ID 250-2**<br>**Agreed Action:** Clarify responsibilities between Volunteer Management and Volunteer Coordinators, and support any transition or alteration of roles and responsibilities through documented procedures and training. | **Current Status:** Review of process has commenced and will continue as audit actions are finalised, the procedure is reviewed and responsibilities are altered. | | | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Current** |
| **Task ID 250-3**<br>**Agreed Action:** Finalise and implement the Volunteer Driver's Procedure | **Current Status:** Procedure has now been finalised and submitted to Director Corporate and Commercial. Director Corporate and Commercial will confirm delegation for final approval of the procedure. | | | Responsibility: Stacey Planzer<br>Task Due Date: 30/06/2026<br>Expected Completion Date: 30/09/2026<br>**Status: Overdue** |
| **Task ID 250-4**<br>**Agreed Action:** Update the Volunteer Involvement Procedure to specify that the induction program will be run in accordance with the requirements of the role. Update the Induction Checklist to detail the induction requirements for all roles. | **Current Status:** Not yet commenced. | | | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Current** |

| IAA ID: 251 Recording and documentation of volunteering hours | | | | |
|---|---|---|---|---|
| **Risk Rating: Low** | **Status: Current** | **Agreed Due Date: 31/12/2026** | **New Extended Due Date:** | **Approval notes for change to ECD:** N/A |
| **Task ID 251-1**<br>**Agreed Action:** Assess IT equipment resourcing feasibility of digital sign-in set up at all volunteer sites. Implement if feasible. | **Current Status:** Not yet commenced; dependent on 246 - 6 | | | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Current** |
| **Task ID 251-2**<br>**Agreed Action:** If digital sign-in resourcing is not feasible, assess and implement timesheet approval settings in Better Impact. Educate Volunteer Coordinators on weekly timesheet record approval as per procedure. Educate volunteers on logging their hours. | **Current Status:** Not yet commenced. | | | Responsibility: Stacey Planzer<br>Task Due Date: 31/12/2026<br>Expected Completion Date: 31/12/2026<br>**Status: Current** |

## 8. Questions on notice

Nil

## 9. Motions on notice

Nil

## 10. Petitions

Nil

## 11. Urgent business

## 12. Confidential items

CONFIDENTIAL CLAUSE

If the Audit and Risk Committee so determines, item 12.1 may be considered in confidence under Section 90(2) of the *Local Government Act 1999* on the grounds contained in the Recommendations below.



Sharon Mason
**Chief Executive Officer**

## 12.1 CONFIDENTIAL INTERNAL AUDIT QUARTERLY UPDATE

1. Exclusion of the public

That:

a. under the provisions of Section 90(2) of the *Local Government Act 1999* an order be made that the public, with the exception of staff on duty, be excluded from attendance at the meeting in order to consider this item in confidence.

b. the Audit and Risk Committee (the Committee) is satisfied that it is necessary that the public, with the exception of staff on duty, be excluded to enable the Committee to consider the report at the meeting on the following grounds:

Section 90(3)(e) matters affecting the security of the council, members or employees of the council, or council property, or the safety of any person.

The reason for confidentiality is due to the nature of the action items from Internal Audits resulting from the internal audit.

c. accordingly, on this basis the principle that meetings of the Committee should be conducted in a place open to the public has been outweighed by the need to keep the information or discussion confidential.

2. Confidential recommendations

3. Period of confidentiality and delegations

a. That the matter of Internal Audit Action Items having been considered by the Committee in confidence under sections 90(2) and 90(3)(e) of the *Local Government Act 1999* that an order be made under the provisions of sections 91(7) and (9) of the *Local Government Act 1999* that the agenda report, Attachment 1 and discussion (excluding the minutes) of the Committee relating to the subject matter be kept confidential until all management response actions have been completed by council.

b. That, pursuant to section 91(9)(a) of the *Local Government Act 1999*, the Committee delegates the duty to conduct an annual review of the confidentiality order to the Chief Executive Officer, or their sub-delegate.

c. That, pursuant to section 91(9)(c) of the *Local Government Act 1999,* the Committee delegates the power to revoke the confidentiality order to the Chief Executive Officer, or their sub-delegate.

# 13. Closure

Next meeting scheduled: Special Audit and Risk Committee meeting 1 October 2026.

CITY OF ONKAPARINGA

# Conflict of Interest Disclosure Form

CONFLICTS MUST BE DECLARED VERBALLY DURING MEETINGS

| Councillor: | Date: |
|---|---|
| Meeting name: | Agenda item no: |

**MATERIAL**: Conflict arises when a councillor or a nominated person will gain a benefit or suffer a loss (whether directly or indirectly and whether pecuniary or personal) if the matter is decided in a particular manner. If declaring a material conflict of interest, Councillors must declare the conflict and **leave the meeting** at any time the item is discussed.

**GENERAL:** Conflict arises in relation to a matter to be discussed at a meeting of council if an impartial, fair minded person might consider that the member's **private interests** might result in the member acting in a manner that is contrary to their **public duty.**

***private interests*** *means any direct or indirect interest of a member that does not derive from their public duty and does not include an interest that is only a matter of personal opinion or belief.*

***public duty*** *means the responsibilities and obligations that a member has to member of the public in their role as a member.*

1. **I have identified a conflict of interest as:**

   MATERIAL ☐ GENERAL ☐

2. **The nature of my conflict of interest is as follows:**

   *(Describe the nature of the interest, including whether the interest is direct or indirect and personal or pecuniary – note that if declaring a material conflict the member **must** leave the meeting)*

3. **If declaring a general conflict, I state that I intend to deal with the interest in the following way:**

   ☐ I intend to **leave** the meeting
   **OR**

   ☐ I intend to stay in the meeting to **debate** and **vote** on the matter

   ☐ I intend to stay in the meeting but will **abstain** from **debating** and **voting** on the matter

   ☐ I intend to stay in the meeting and **abstain** from **debating** but will **vote** on the matter

   ☐ I intend to stay in the meeting to **debate** but will **abstain** from **voting** on the matter

4. **The reason I intend to stay in the meeting and consider this matter is as follows:**

and that I will receive no benefit or detriment direct or indirect, personal or pecuniary from considering this matter as indicated above.

CONFLICTS MUST ALSO BE DECLARED VERBALLY DURING MEETINGS

**Member Signature** _____

**Conflict of interest - Exemptions**

A **material** or **general** Conflict of Interest does not apply to a matter or circumstance of the council of a kind prescribed by regulation.

The following exemptions are prescribed under Regulation 8AAA of the *Local Government (General)Regulations 2013.*

*(a) the preparation, discussion, conduct, consideration or determination of a review under section 12 of the Act*

*(b) the preparation, discussion, adoption or revision of a policy relating to allowances and benefits payable to members if the policy relates to allowances and benefits payable equally to each member (rather than allowances and benefits payable to particular members or particular office holders)*

*(c) the preparation, discussion, adoption or alteration of a training and development policy under section 80A of the Act*

*(d) the preparation, discussion, adoption or amendment of a strategic management plan under section 122 of the Act*

*(e) the adoption or revision of an annual business plan*

*(f) the adoption or revision of a budget*

*(g) the declaration of rates (other than a separate rate) or a charge with the character of a rate, and any preparation or discussion in relation to such a declaration*

*(h) a discussion or decision of a matter at a meeting of a council if the matter—*

*(i) relates to a matter that was discussed before a meeting of a subsidiary or committee of the council*

*(ii) the relevant interest in the matter is the interest of the council that established the committee or which appointed, or nominated for appointment, a member of the board of management of the council subsidiary or regional subsidiary.*

*For the purposes of section 75A(3) of the Act, a member of a council who is a member, officer or employee of an agency or instrumentality of the Crown (within the meaning of section 73(4) of the Act) will be regarded as having a conflict of interest in a matter before the council if the matter directly concerns that agency or instrumentality but otherwise will not be regarded as having an interest in a matter by virtue of being a member, officer or employee of the agency or instrumentality.*

*Local Government Act 1999 Section 75A(1)(2)*

**Engagement and membership with groups and organisations exemption**

A member will not be regarded as having a **general** conflict of interest in a matter to be discussed at a meeting of council **by reason only of**:

**(1)**(a) if the interest is held in common with a substantial proportion of the ratepayers, electors or residents of the council area and does not materially exceed the interest held by the other ratepayers, electors or residents; or

(b) if the interest in the matter is that of an employer or employee of the member, and the member does not know, and could not reasonably be expected to know, of that interest; or

(c) if the interest in the matter is that of a relative of the member, other than the member's spouse or domestic partner, and the member does not know, and could not reasonably be expected to know, of that interest; or

**(2)** Without limiting subsection (1) above, a member of a council will not be regarded as having a general conflict of interest in a matter to be discussed at a meeting of the council by reason only of—

a) an engagement with a community group, sporting club or similar organisation undertaken by the member in his or her capacity as a member; or membership of a political party

b) membership of a community group, sporting club or similar organisation (as long as the member **is not** an office holder for the group, club or organisation)

c) the member having been a student of a particular school or his or her involvement with a school as parent of a student at the school

d) a nomination or appointment as a member of a board of a corporation or other association, if the member was nominated for appointment by a Council.

However, the member will still be required to give careful consideration to the nature of their association with the above bodies.

**For example:** If your **only** involvement with a group is in your role as a Council appointed liaison as outlined in the Council appointed liaison policy, you will not be regarded as having a conflict of interest actual or perceived in a matter and are NOT required to declare your interest.