



City of
Ipswich

**IPSWICH
CITY
COUNCIL**

AGENDA

of the

AUDIT AND RISK MANAGEMENT COMMITTEE

**Held in the Council Chambers
2nd floor – Council Administration Building
45 Roderick Street
IPSWICH QLD 4305**

**On Wednesday, 6 November 2019
At 1.00 pm - 3.00 pm**

<u>MEMBERS OF THE AUDIT AND RISK MANAGEMENT COMMITTEE</u>	
Graeme Stratford Dr Annette Quayle Greg Chemello Rob Jones Stan Gallo	Chairperson and External Member External Member Interim Administrator Member of Interim Management Committee Member of Interim Management Committee

AUDIT AND RISK MANAGEMENT COMMITTEE AGENDA

*1.00 pm - 3.00 pm on **Wednesday**, 6 November 2019*

Council Chambers

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** Item includes confidential papers

AUDIT AND RISK MANAGEMENT COMMITTEE NO. 5

6 NOVEMBER 2019

AGENDA

1. **REPORT - AUDIT AND RISK MANAGEMENT COMMITTEE NO. 2019(05) OF
9 OCTOBER 2019**

This is the report of the Audit and Risk Management Committee No. 2019(05) of 9 October 2019.

RECOMMENDATION

That the report be received and the contents noted.

2. **ICT STRATEGY UPDATE**

This is a report providing an update on implementation progress against the ICT Strategy approved by the Executive Leadership Team (ELT) on 8 August 2019. This update has been requested for the November Audit and Risk Management Committee (ARMC) meeting. .

RECOMMENDATION

That the schedule, progress and reported matters in the attached ICT Strategy Implementation Status Update, be noted.

3. **UPDATE ON QUEENSLAND AUDIT OFFICE RECOMMENDATIONS (PLANNING AND
REGULATORY SERVICES DEPARTMENT)**

This is a progress report outlining the Planning and Regulatory Services Department's actions in complying with the Queensland Audit Office (QAO) recommendations outlined in *QAO 2018 Closing Report* (adopted by Council on 4 December 2018).

RECOMMENDATION

That the report be received and the contents noted.

4. PLANNED AGENDA FOR THE AUDIT AND RISK MANAGEMENT COMMITTEE FOR 2020

This is a report concerning the proposed structured and planned agenda for the Audit and Risk Management Committee for the period 1 January 2020 to 31 December 2020. This document was reviewed at the Audit and Risk Management Committee Strategy Meeting held on 24 October 2019 and the suggested changes in Attachment 1 are shown in track changes.

RECOMMENDATION

That the 2020 planned agenda for the Audit and Risk Management Committee be adopted.

5. AUDIT AND RISK MANAGEMENT COMMITTEE CHARTER

This is a report concerning a review of the Audit and Risk Management Committee Charter. The Charter was reviewed and discussed at the Audit and Risk Management Committee Strategy Meeting held on 24 October 2019 with suggested changes outlined in track changes in Attachment 2.

RECOMMENDATION

That the Audit and Risk Management Committee Charter as detailed in Attachment 2 be adopted.

6. **INSURANCE AND RISK UPDATE

This is a report concerning Council's Insurance statistics for the period 1 July 2019 to 30 September 2019 and the implementation status of Transformational Project #7 Risk Management Framework (TP#7).

RECOMMENDATION

That the report be received and the contents noted.

7. **CORPORATE GOVERNANCE SECTION'S PERFORMANCE IN RELATION TO LEGISLATIVE COMPLIANCE

This is a report concerning the performance of the Corporate Governance Section (the Section) in relation to managing Council's legislative compliance in the management of Complaints, Right to Information and Information Privacy functions for the period 1 July 2019 to 30 September 2019 (the Quarter).

RECOMMENDATION

That the report be received and the contents noted.

8. ****INTERNAL AUDIT CHARTER REVIEW**

This is a report concerning a proposed update of the Internal Audit Charter. The Charter was reviewed and discussed at the Risk Management Committee Strategy Meeting held on 24 October 2019.

RECOMMENDATION

That the proposed Internal Audit Charter as detailed in Attachment 2 be adopted.

9. ****INTERNAL AUDIT BRANCH ACTIVITIES REPORT FOR THE PERIOD 16 AUGUST 2019 TO 29 OCTOBER 2019**

This is a report concerning the activities of Internal Audit undertaken since 16 August 2019 and the current status of these activities.

RECOMMENDATION

That the report be received, the contents noted and the recommendations in Attachments 3 and 4, be considered finalised and archived.

10. ****SUMMARY OF RECENT INTERNAL AUDIT REPORTS ISSUED**

This is a report concerning recently completed internal audits and the subsequent reports released since the previous report dated 16 August 2019.

RECOMMENDATION

That the report be received and the contents noted.

11. ****OVERDUE RECOMMENDATIONS AS AT 16 AUGUST 2019**

This is a report concerning the status of each Department's progress in actioning the internal and external audit recommendations due or overdue for implementation.

RECOMMENDATION

That the report be received and considered.

12. **QUEENSLAND AUDIT OFFICE FINAL MANAGEMENT LETTER TO IPSWICH CITY COUNCIL

This is a report concerning submission of the final management letter to Ipswich City Council from the Queensland Audit Office.

RECOMMENDATION

That the report be received and the contents noted.

13. **QUEENSLAND AUDIT OFFICE BRIEFING PAPER FOR IPSWICH CITY COUNCIL

This is a report concerning the submission of a briefing paper for October 2019 to the Audit and Risk Management Committee.

RECOMMENDATION

That the report be received and the contents noted.

14. NEXT MEETING

The next meeting is scheduled for Wednesday, 12 February 2020.

15. GENERAL BUSINESS

16. PRIVATE SESSION OF MEMBER (IF REQUIRED)

** Item includes confidential papers

and any other items as considered necessary.

Doc ID No: A5874182

ITEM: 1

SUBJECT: REPORT - AUDIT AND RISK MANAGEMENT COMMITTEE NO. 2019(05) OF 9 OCTOBER 2019

AUTHOR: COMMITTEE MANAGER

DATE: 31 OCTOBER 2019


INTRODUCTION

This is the report of the Audit and Risk Management Committee No. 2019(05) of 9 October 2019.

RECOMMENDATION

That the report be received and the contents noted.

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

1.	 Audit and Risk Management Committee Report No. 2019(05) of 9 October 2019 ↓
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AUDIT AND RISK MANAGEMENT COMMITTEE NO. 2019(04)

9 OCTOBER 2019

REPORT OF THE AUDIT AND RISK MANAGEMENT COMMITTEE
FOR THE AUDIT AND RISK MANAGEMENT COMMITTEE

<u>MEMBERS' ATTENDANCE:</u>	Dr Annette Quayle (Acting Chairperson and External Member); Greg Chemello (Interim Administrator), Robert Jones (Interim Management Committee)
<u>MEMBERS' APOLOGIES:</u>	Graeme Stratford (Chairperson and External Member), Stan Gallo (Interim Management Committee)
<u>OTHER ATTENDANCE:</u>	David Farmer (Chief Executive Officer), Jeff Keech (Acting General Manager – Corporate Services), Freddy Beck (Chief Audit Executive), Lisa Fraser (Queensland Audit Office), Patrick Flemming (Queensland Audit Office) and Tony Welsh (Interim ICT Management Support)

1. **REPORT - AUDIT AND RISK MANAGEMENT COMMITTEE NO. 2019(03) OF
28 AUGUST 2019**

This is the report of the Audit and Risk Management Committee No. 2019(03) of 28 August 2019.

RECOMMENDATION

That the report be received and the contents noted.

2. **INFORMATION SECURITY CONTROLS REMEDIATION WORKS**

This is a report providing an update on remediation work across a range of Information Security Controls requested by the Audit and Risk Management Committee at the 28 August 2019 meeting.

RECOMMENDATION

That the Interim Administrator of Ipswich City Council resolve:

That the report be received and the contents noted.

3. **QUEENSLAND AUDIT OFFICE CLOSING REPORT**

Item 1 / Attachment 1.

This is a report by the Queensland Audit Office concerning the Queensland Audit Office Report as at 4 October 2019.

“The attachment/s to this report are confidential in accordance with section 275(1)(h) of the Local Government Regulation 2012.”

RECOMMENDATION

That the Interim Administrator of Ipswich City Council resolve:

That the report be received and the contents noted.

4. **2018-2019 ANNUAL FINANCIAL STATEMENTS AND 2018-2019 MANAGEMENT REPRESENTATION LETTER**

This is a report concerning the 2018-2019 annual financial statements and 2018-2019 management representation letter.

“The attachment/s to this report are confidential in accordance with section 275(1)(h) of the Local Government Regulation 2012.”

RECOMMENDATION

The Audit and Risk Management Committee endorses the recommendations that the Interim Administrator of Ipswich City Council resolves:

- A. That the 2018-2019 annual financial statements as detailed in Attachment 1 to the report of the Principal Financial Accountant dated 2 October 2019, including changes to the note disclosures as detailed in the report by the Acting General Manager (Corporate Services) tabled at the meeting (Item 6 of these minutes), be approved for certification by the Interim Administrator and Chief Executive Officer.
 - B. That the 2018-2019 management representation letter as detailed in Attachment 2 to the report of the Principal Financial Accountant dated 2 October 2019 be approved for certification by the Interim Administrator and Chief Executive Officer.
-

5. **2018-2019 ANNUAL FINANCIAL STATEMENT FOR CONTROLLED ENTITIES**

This is a report concerning the 2018-2019 Annual Financial Statements and associated documents for the following controlled entities of Ipswich City Council (Council):

- Ipswich City Properties Pty Ltd

Item 1 / Attachment 1.

- Ipswich City Developments Pty Ltd
- Ipswich City Enterprises Pty Ltd
- Ipswich City Enterprises Investments Pty Ltd

“The attachment/s to this report are confidential in accordance with section 275(1)(h) of the Local Government Regulation 2012.”

RECOMMENDATION

That the Audit and Risk Management Committee resolve:

That the report of the Treasury Accounting Manager dated 3 October 2019 be received and the contents noted.

6. UPDATED CHANGES TO 2018-2019 FINANCIAL STATEMENTS

This is a report by the Acting General Manager (Corporate Services) outlining recommended changes to the 2018-2019 financial statements included in the Agenda for the Audit and Risk Committee of 9 October 2019 following further review by the Queensland Audit Office and Committee members.

RECOMMENDATION

The Audit and Risk Management Committee endorses the recommendation that the Interim Administrator of Ipswich City Council resolve:

That the suggested changes outlined in this report be made to the 2018-2019 financial statements for finalisation and certification.

Attachments

1. [Updated changes to 2018-2019 Financial Statements]
-

7. NEXT MEETING

The next meeting is scheduled for Wednesday, 6 November 2019.

8. GENERAL BUSINESS

The Acting General Manager (Corporate Services) thanked the Queensland Audit Office for all their support and work with regards to the financial statements

PROCEDURAL MOTIONS AND FORMAL MATTERS

The meeting commenced at 9.45am.

The meeting closed at 11.22am.

MINUTES OF COUNCIL ORDINARY MEETING

28 OCTOBER 2019

Held in the Council Chambers

2nd Floor of the Council Administration Building

45 Roderick Street

Ipswich

E X T R A C T

**GOVERNANCE
COMMITTEE**

The Interim Administrator of the Ipswich City Council resolves:

That the Governance Committee Report No. 2019(10) of 22 October 2019 be received and adopted subject to an amendment to Item 2 titled Finalisation of Local Law Making Process.

AMENDMENT

The amendment is for the replacement of 6 attachments as detailed below to correct some typographic errors and in relation to Local Law No. 3 (Commercial Licensing) 2013, to remove an election sign as a licence regulated activity as election signs are now minimum standard:

- Attachment 2 – Local Law (Amending) Local Law No. 3 (Commercial Licensing) 2019
- Local Law 4 – Local Law (Amending) Local Law No. 4 (Permits) 2019
- Attachment 7 – Local Law (Amending) Local Law No. 6 (Animal Management) 2019
- Attachment 16 – Local Law No. 3 (Commercial Licensing) 2013
- Attachment 18 – Local Law No. 4 (Permits)
- Attachment 21 – Local Law No. 6 (Animal Management).

DISCUSSION

The Interim Administrator commented that Item 2 was in relation to the replacement of previous Local Laws with a suite of new ones and that Item 5 was the replacement of a whole suite of corporate services policies with new policies.

The Interim Administrator thanked all staff involved for their dedication in undertaking this reform.

The motion was put and carried.

GOVERNANCE COMMITTEE NO. 2019(10)

22 OCTOBER 2019

E X T R A C T

Pursuant to section 8.4.5 of Council's Meeting Procedures Policy, the Interim Administrator invited the Interim Management Committee being Jan Taylor, Simone Webbe, Robert Jones, Stan Gallo and Steve Greenwood to address the Governance Committee on any matters before it.

The Interim Administrator advised that he is bound to declare Conflict of Interests and potential Conflict of Interests and that the members of the Interim Management Committee are not legally bound, however in accordance with the Interim Management Committee Charter they will also declare Conflict of Interests and potential Conflict of Interests

1. **REPORT - AUDIT AND RISK MANAGEMENT COMMITTEE NO. 2019(04) OF
9 OCTOBER 2019**

This is the report of the Audit and Risk Management Committee of 9 October 2019.

RECOMMENDATION

That the report of the Audit and Risk Management Committee of 9 October 2019 be received, the contents noted and the recommendations contained therein be adopted.

Simone Webbe from the Interim Management Committee made comment that the covering report and supporting attachments were not included in the agenda.

The Interim Administrator requested that the documents be included for the full council meeting.

Attachments

1. Report - Audit and Risk Management Committee No. 2019(03) of 28 August 2019
2. Information Security Controls Remediation Works
3. Attachment to report on Information Security Controls Remediation Action Plan
4. Queensland Audit Office Closing Report
5. 2018-2019 Annual Financial Statements and 2018-2019 Management Representation Letter
6. 2018-2019 Annual Financial Statement for Controlled Entities
7. Updated changes to 2018-2019 Financial Statements

Doc ID No: A5868982

ITEM: 2

SUBJECT: ICT STRATEGY UPDATE

AUTHOR: INTERIM INFORMATION AND COMMUNICATIONS MANAGEMENT AND
SUPPORT MANAGER

DATE: 28 OCTOBER 2019

EXECUTIVE SUMMARY

This is a report providing an update on implementation progress against the ICT Strategy approved by the Executive Leadership Team (ELT) on 8 August 2019. This update has been requested for the November Audit and Risk Management Committee (ARMC) meeting. .

RECOMMENDATION/S

That the schedule, progress and reported matters in the attached ICT Strategy Implementation Status Update, be noted.

RELATED PARTIES

Not applicable

ADVANCE IPSWICH THEME

Listening, leading and financial management

PURPOSE OF REPORT/BACKGROUND

Council developed an ICT Strategy in response to the Transformation Program (TP#17). This strategy was supported by a cross-council working group and approved by ELT on 8 August 2019. The Implementation Plan presented in the ICT Strategy identified 24 discrete initiatives, spanning 3 years.

The Audit and Risk Management Committee has requested an update on progress, outcomes and issues impacting on the ICT Strategy implementation plan. This is the first report provided on the mobilisation of ICT Strategy implementation initiatives. An overview of the planned implementation initiatives, and progress to date, is attached.

Most initiatives that rely on BAU resourcing have mobilised well:

- Disaster Recovery Enablement (ITSM06)
- Staff Plan - Phase 1 (Leadership & Engagement) (ITCAP01)
- Staff Plan - Phase 2 (Job Restructuring) (ITCAP02)

The new ICT Steering Committee has been established to include all members of ELT, Finance Manager and ICT Leadership with the Chief Audit Executive invited to observe. The inaugural meeting will be scheduled for the end of November.

Resource constraints are slowing the mobilisation of:

- Rebuild ICT Governance & Controls Function (ITGOV02)
- ICT Directives Overhaul (ITGOV05)
- Platform of the Future (PotF) (BP07) Phase 1: Platform Research & Requirements
- Architecture and Application Portfolio Management Uplift (ITCAP04)

Four initiatives that need wider organisational design consideration and alignment will be taken to the IT Steering Committee for guidance:

- Digital / SmartCity / ICT Operating Model (ITGOV03) (Consulting Engagement Brief drafted)
- Digital Services UX Uplift (BP06) (On-Hold)
- Information Management Operating Model (ITGOV04)
- GIS & Spatial Systems Operating Model & Architecture (BP05) (Consulting Engagement Brief drafted)

The most pressing issue for the Audit and Risk Management Committee to note is resourcing and mobilising the first phase (scoping and planning) for the Platform of the Future (PotF). The PotF is the most significant aspect of the ICT Strategy and planning and management of this transformational, cross-enterprise program will challenge Council change maturity. It will enable new structures and roles in ICT Branch and the newly formed Coordination and Performance (Business Improvement) team, which aims to take lead accountability for all Council transformational projects. Barbara Dart (Manager, Performance in the Coordination and Performance Department) has been engaged and work is underway to resolve how PotF may be approached as a business led transformation project.

LEGAL/POLICY BASIS

Not applicable

RISK MANAGEMENT IMPLICATIONS

A risk profile has been assessed for approximately 47 Initiatives that form the Roadmap Phased Plan in the ICT Strategy.

FINANCIAL/RESOURCE IMPLICATIONS

Financial and other resource estimates have been provided as part of the ICT Strategy. These estimates will be refined as more information becomes available from research and market testing. Estimates have been reflected in ICT capital and operating budgets.

COMMUNITY AND OTHER CONSULTATION


Internal stakeholders from Council have been consulted extensively throughout the preparation of the ICT Strategy. In particular, all key deliverables have been reviewed and

endorsed by an appointed business Reference Group (BRG), the Whole of Council TP Steering Committee, ELT and IMC.

CONCLUSION

A new ICT Steering Committee will meet regularly from November to govern the implementation of the ICT Strategy.

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

1.	ICT Strategy Update  
2.	ICT Strategy Highlights  

Tony Welsh

**INTERIM INFORMATION AND COMMUNICATIONS MANAGEMENT AND SUPPORT
MANAGER**

I concur with the recommendations contained in this report.

Andrew Knight

GENERAL MANAGER - CORPORATE SERVICES

“Together, we proudly enhance the quality of life for our community”

Item 2 / Attachment 1.

Attachment 1: ICT Strategy Implementation Initiatives Status Report (12 Nov 19)

Item	Description	Target Date	Last Report	This Report	Status/ Comments
1.1 ICT Steering Committee (ITGOV01)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
1.1.1	Draft ICT Steering Committee ToR	13-Sep-19		●	ToR drafted and provided to GM Corporate Service. Additional effort to consider and align new governance forum "ICT Strategy Governance Board" not anticipated in ICT Strategy
1.1.2	Nominations (Branch Manager Level) for membership, one each per Department	20-Sep-19		●	Communication to GMs seeking nominees drafted, on hold pending resolution of 1.1
1.1.3	Inaugural ICT Steering Committee (then monthly)	30-Sep-19		●	Looking to schedule inaugural ICTSC last week Nov, delays due to extra effort defining and accommodating ICT Strategy Governance Board
1.1.4	6 Month effectiveness check-point / re-alignment	30-Mar-20		○	
1.2 Rebuild ICT Governance & Controls Function (ITGOV02)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
1.2.1	New PDs approved (x4)	18-Aug-19		●	Significant delays in Mercer grading and approvals, full complement of Strategy, Architecture and Governance tem now approved, recruiting underway
1.2.2	Recruitment complete on all 4 positions	8-Sep-19		●	Flow-on delays from 1.2.1.
1.2.3	Directives review and prioritisation	1-Nov-19		○	
1.2.4	Current State Project stage gate controls re-implemented	22-Nov-19		○	
1.2.5					
1.3 Digital / SmartCity / ICT Operating Model (ITGOV03)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
1.3.1	Socialise & finalise Engagement Brief	18-Oct-19		●	Engagement Brief drafted and provided to ICT Management Team 17/09/19
1.3.2	RFP to market	8-Nov-19		○	
1.3.3	Evaluate responses and engage consultancy	22-Nov-19		○	
1.3.4	Engagement completion	28-Feb-20		○	
1.3.5					
1.4 Information Management Operating Model (ITGOV04)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
1.4.1	ToR for TOM to ICTSC	30-Nov-19		○	Guidance from Manager Legal and Governance (Tony Dunleavy) on his expectations and approach to "Records and Knowledge"
1.4.2	Engagement Brief for external consulting resource	22-Dec-19		○	
1.4.3	Develop IM TOM	Feb-20		○	
1.4.4	Approval of IM TOM by ICTSGB	Mar-20		○	
1.4.5					
1.5 ICT Directives Overhaul (ITGOV05)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
1.5.1	Pre-Requirement: Clarity on IM/G related Policies and Capabilities (1.4.1.)	1-Dec-19		●	Confirmed Infosec Policy (draft complete), ongoing discussion for Open Data
1.5.2	Pre-Requirement: Recruit roles 1.2.2.	25-Oct-19		●	Policy level ok, delays to Directives anticipated
1.5.3	Review current family of ICT Directives	20-Dec-19		○	
1.5.4	Target State structure of new library of ICT Directives and assign ownership	31-Jan-20		○	
1.5.5	New Directives complete	28-Feb-20		○	
2.1 Oracle EBS EoL Risk Management Plan (BP01)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
2.1.1	Collate a list of the Oracle eBusiness components, current level of vendor service and service level expiry dates for	31-Oct-19		○	
2.1.2	Draft a Risk Management Plan with associated mitigation activities.	30-Nov-19		○	These activities need to cater for the current on premise Oracle eBusiness Suite solution being required until it's replacement is in place.
2.1.3	Implement the required mitigations.	31-Dec-22		○	It is anticipated there will be periodic tasks up to when decommission of the existing on premise Oracle eBusiness Suite is completed, with activities ranging from support level negotiations through to module and component updates.
2.1.4					
2.1.5					
2.2 Interim Dashboard and Data Lake (BP02)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
2.2.1	Draft Dashboard & Data Lake Option paper	24-Dec-19		○	
2.2.2	Endorse option	31-Jan-20		○	
2.2.3					
2.2.4					
2.2.5					

Item 2 / Attachment 1.

Attachment 1: ICT Strategy Implementation Initiatives Status Report (12 Nov 19)

Item	Description	Target Date	Last Report	This Report	Status/ Comments
2.3 Information Management / Information Governance Enablers (BP03)					
Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21					
2.3.1	Dependency on 1.4.4.	16-Mar-20		○	
2.3.2	Position paper on IM/IG capabilities to ICTSGB and resolution/direction on IM/IG capability from ICTSGB	16-Mar-20		○	
2.3.3	Clear ownership and accountability for IM/IG and statement of capability development/roadmap	30-Mar-20		○	
2.3.4	Funding submissions for IM/IG enablers into FY20/21 budget	24-Apr-20		○	
2.3.5	Tranche 1 of capability development	31-Jul-20		○	
2.4 Internet of Things (IoT) Platform (BP04)					
Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21					
2.4.1	Draft Business Case Production Internet of Things (IoT) Platform			○	On hold pending outcome of ITGOV03
2.4.2				○	
2.4.3					
2.4.4					
2.4.5					
2.5 GIS & Spatial Systems Operating Model & Architecture (BP05)					
Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21					
2.5.1	Draft Consultant Engagement Spatial Digital Operating Model	30-Nov-19		●	Engagement Brief drafted and provided to ICT Management Team 23/09/19
2.5.2	Socialise & finalise Engagement Brief	20-Dec-19		○	
2.5.3	RFP complete and preferred supplier engaged	9-Mar-20		○	
2.5.5	Engagement commencement	9-Mar-20		○	
2.5.6	Engagement completion	29-May-20		○	
2.6 Digital Services UX Uplift (BP06)					
Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21					
2.6.1	Draft Digital Services UX Uplift Options Paper	TBD		○	On hold pending outcome of ITGOV03
2.6.2					
2.6.3					
2.6.4					
2.6.5					
2.7 Platform of the Future (PotF) (BP07)					
Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21					
2.7.1	Phase 1: Platform Research & Requirements	31-Jan-20		○	Scheduled to start Nov 19, delays with recruiting and on-boarding Enterprise Architect, anticipate requiring 2 x additional FTE (Project Manager and Functional Analyst)
2.7.2	Phase 2: RFP Development	6-Jun-20		○	
2.7.3	Phase 3: RFP Evaluation and Selection	28-Aug-20		○	
2.7.4	Phase 3: Engagement and Roadmap	1-Jan-21		○	
2.7.5	Phase 4: Platform Implementation - Tranche 1	8-Oct-21		○	
3.1 ICT Service Catalogue, SLA & Reporting Uplift (ITSM01)					
Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21					
3.1.1	Vendor OLAs	30-Oct-19		●	Datacom to Telstra and Datacom to DXC OLAs now drafted and ready to release for Vendor agreement
3.1.2	Establish performance baseline			●	
3.1.3	ICC Customer OLA	30-Nov-19		○	Complete OLA with ICC Business - Im not sure what this means - is this agreements between the business units?
3.1.4	Datacom SLA Reporting	30-Oct-19		●	Datacom Monthly Service is showing 99% with the report to show 70% fixed on first, we are currently finalizing by next week 31st October
3.1.5	Datacom Contract	31-Jan-20		●	Datacom have agreed to 100 day plan with Council and Strategic Directions involvement - No Date set as yet to the 100 day plan -
3.2 Outsourcing Model & Service Partner Optimisation (ITSM02)					
Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21					
3.2.1	Stabilise Datacom Service Delivery	31-Dec-19		●	Strategic Directions Final Report delivered, 100 day action plan being formulated, these will be added to the existing SIP actions ICC has raised - Progress is being made on all fronts - capacity, availability and performance. Estimated timeline 40 days
3.2.2	Stabilise Telstra Service Delivery	31-Dec-19		●	Continue to work with Telstra to improve their Monthly Reporting to ensure they demonstrate a level of reactivity in their service delivery - the report is missing the risks side of the report - taking this up with Roland Thursday
3.2.3	Review current DXC Services and explore options	31-Dec-19		●	Initially a Request for Proposal will be sent to Datacom and Telstra for F5 BI-IP Management currently under the DXC scope to commence the de-scoping of their services / Refer to Michael / Tony for the next steps of the services and vendor services
3.2.4					
3.2.5					

Item 2 / Attachment 1.

Attachment 1: ICT Strategy Implementation Initiatives Status Report (12 Nov 19)

Item	Description	Target Date	Last Report	This Report	Status/ Comments
3.3 Restructure InfoSec Controls (ITSM03)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
3.3.1	Concept for restructured InfoSec Controls delivery agreed	11-Oct-19			Brifing Note to initiate DXC Transition Out drafted however on-hold pending direction/resolution from legal on dispute resolution with DXC
3.3.2	Engage PM resource to manage	4-Nov-19			Assignemtn Brief drafeted, however on-hold pending 3.3.1.
3.3.3	Remediation plan for DXC Edge Security Services (E5)	18-Nov-19			
3.3.4	Transition/migrate/remediate E55	28-Mar-20			
3.3.5					
3.4 Identity Management (ITSM04)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
3.4.1	Concept Brief complete	11-Oct-19			
3.4.2	Recruited and engage PM/SME	25-Oct-19			
3.4.3	Phase 1-3 Complete	10-Jan-20			Current state analysis underway
3.4.4	Funding proposal for Phase 4 in FY 20/21	27-Mar-20			
3.4.5	Phase 4 (iPaaS) Start	6-Jul-20			
3.5 Capacity Management & Application Performance Monitoring (ITSM05)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
3.5.1	Datacom Capacity and Availability Management Obligations	30-Nov-19			Datacom are currently in the progress of building an environment for Council to be able to use a portal webpage view of our infrastructure, estimated timeline is 60days January 2020
3.5.2	Telstra Capacity Management Obligations	31-Dec-19			Telstra Monthly Reporting now includes Device and Link Utilisation information, work with Telstra to provide this information into a proactive capacity planning view of the ICC environment - working with Roland no eta at present.
3.5.3	Toolset review of Application Performance Monitoring Platforms	31-Mar-20			Explore APM Toolsets for ICC suitability e.g. Dynatrace, Solarwinds, etc. to provide a single end to end view of ICC end user application performance, it should have API integration to Service Now - Working with Datacom at present around the 100 day plan
3.5.4					
3.6 DR Enablement (ITSM06)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
3.6.1	Datacom Proposal for interim DR Plan	20-Dec-19			Working with Datacom at present in 3rd draft, with a proposal presented to council in the next 30 days - 15 core applications within 24 hours available and remaining operations within 7 days. Estimated costs \$35k
3.6.2	Service Continuity Test	31-Mar-20			Annual Test of the Interim DR Plan
3.6.3					
3.6.4					
3.7 Desktop Virtualisation / DaaS (ITSM07)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
3.7.1					
3.7.2					
3.7.3					
3.7.4					
3.8 Cloud iPaaS/aPaaS Needs Analysis & Roadmap (ITSM08)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
3.8.1	Concept Brief approved by ICTSC	18-Dec-20			
3.8.2	Consultancy engaged	29-Jan-21			
3.8.3	Reference architecture, draft business case	19-Feb-21			
3.8.4					
3.8.5					
4.1 Staff Plan - Phase 1 (Leadership & Engagement) (ITCAP01)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
4.1.1	Culture Change - Preliminary Workshops	30-Oct-19			A Guiding Coalition has been formed and preliminary workshops have been completed. Initial improvement opportunities are currently being actioned. Target 30 October 2019
4.1.2	Culture Change - Performance Management Framework	31-Mar-20			Establish Framework and identify performance targets and development plans for all ICT Management and staff. Target 30 November 2019. Delayed awaiting Corporate Performance Framework
4.1.3	ICT Operational & Governance Model - Design	28-Feb-20			Design and refine ICT Operations and Governance Model to accommodate Centre-led operations, accommodate bimodal and adaptive business engagement 30 November 2019. ICT Governance Model agreed but Centre-led model delayed awaiting ICT Steering
4.1.4	ICT Operational & Governance Model - Implementation	31-Mar-20			Implement and refine a new ICT Operating and Governance Model. Target 31 December 2019
4.1.5	ICT Leadership Capability Assessment & Development	31-Mar-20			Identify Priority Leadership capabilities and gaps and provide essential training and development. Target 31 December 2019
4.2 Staff Plan - Phase 2 (Job Restructuring) (ITCAP02)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
4.2.1	Identify core capability requirements needed irrespective of the Platform of the Future (PotF)	1-Nov-19			Address critical and high-priority workforce job design, skills and accountabilities issues raised in the last Staff Culture Survey
4.2.2	Develop a Workforce Plan together with job redesigns to include hard and soft skills development	28-Feb-20			Develop a workforce plan [job design, skills, staff development] to guide ongoing people development for ICT Branch as required to address technology and organisational changes

Item 2 / Attachment 1.

Attachment 1: ICT Strategy Implementation Initiatives Status Report (12 Nov 19)

Item	Description	Target Date	Last Report	This Report	Status/ Comments
4.2.3	Conduct Gap Analysis to reflect capability deficit	Mar-20		<input checked="" type="radio"/>	There are anticipated to be significant gaps between ICT Branch's current capability profile and the desired future profile including in respect of the PotF.
4.2.4	Prepare an ICT Sourcing Strategy to identify future sources of skill and capabilities	Sep-20		<input type="radio"/>	Once the capability gap has been quantified, we will need to determine where to recruit, outsource, contract-in or procure ICT as a Service.
4.2.5	Augment ICT Operational Model - Design	1-Dec-20		<input type="radio"/>	The new ICT operating model will need to be augmented to reflect capabilities required to support the PotF

Item 2 / Attachment 1.

Attachment 1: ICT Strategy Implementation Initiatives Status Report (12 Nov 19)

Item	Description	Target Date	Last Report	This Report	Status/Comments
4.3 Staff Plan - Phase 3 (Capability & Skills Uplift) (ITCAP03)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
4.3.1	Define Stakeholder Engagement mindset, process and competencies to reflect customer-centric operations	1-Feb-20			This task is about making it easier for customers engage with ICT Branch and improving our understanding of our customers' business to enable us to better service their needs as a trusted advisor
4.3.2	Develop 'soft skills' to complement technical competencies and to adapt to a creative and agile way of working	1-Mar-20			Develop skills such as agile techniques, adaptive engagement, process management, design thinking and enterprise architecture. Such skills will be relevant irrespective of the PotF
4.3.3	Define and embed a positive and proactive, high performance culture throughout ICT Branch	1-Jun-20			In line with our culture change initiative this task will seek to redefine the way we work to create a positive, vibrant and mutually supportive alliance with our customers and our staff
4.3.4	Develop 'hard skills' to reflect and enable transition to and operation of the PotF and the new ICT Portfolio	Dec-20			Once the PotF is known to us, we will get specific about the 'hard' skills that we will need to support and sustain that platform environment and manage the resulting portfolio
4.4 Architecture and Application Portfolio Management Uplift (ITCAP04)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
4.4.1	Dependency: Recruit positions 1.2.2.	4-Oct-19			
4.4.2	Develop APM approach and key tracking tools (Technology Portfolio Summary, KTSR, App Roadmap)	25-Oct-19			
4.4.3	Embed practices across ICT Support Teams	29-Nov-19			
4.4.4	1st Portfolio Health report to ITSC	27-Dec-19			
4.4.5	FY 20/21 Budget Plan	27-Mar-20			
4.5 ICT Project Lifecycle Uplift (Bi-Modal) (ITCAP05)					
<div> <div>Sep-19</div> <div>Oct-19</div> <div>Nov-19</div> <div>Dec-19</div> <div>Jan-20</div> <div>Feb-20</div> <div>Mar-20</div> <div>Apr-20</div> <div>May-20</div> <div>Jun-20</div> <div>Jul-20</div> <div>Aug-20</div> <div>Sep-20</div> <div>Oct-20</div> <div>Nov-20</div> <div>Dec-20</div> <div>Jan-21</div> <div>Feb-21</div> </div>					
4.5.1					
4.5.2					
4.5.3					
4.5.4					

ICT Strategy Executive Summary (as at 8th August, 2019)

“Enhancing the delivery of smart, simple and seamless services to the city of Ipswich”

The ICT Strategy 2019-24 lays out a roadmap to guide the organisation towards harnessing digital technologies, adaptive approaches, innovative capabilities and enabling platforms. By taking a citizen-centric approach to service design and by aligning people, process, information and technology we will help ourselves to build an exemplary, progressive and digitally-enabled Council, serving the city of Ipswich. Some of the highlights follow:

1. Ipswich City Council’s Information will be managed as an asset

ICC will work to consolidate fragmented systems and create single source of truth for HR, asset, operational financial and spatial data. We will also develop analytics and reporting capabilities that will enable proactive decision support and empower knowledge and field workers to service the community promptly and accurately anywhere and at any time.

Implications

Good practice standards for data and information management will be applied to enhance and ensure the accuracy and reliability of the Council’s information assets. Custodians will be given responsibility and authority to develop the integrity of information in order to safeguard corporate knowledge reserves.

- 3.4 Guiding Principles – Information is an Asset
- 4.2.2 ICT Operating Model - Information Management
- 5.1.4 Information Management Operating Model (ITGOV04)
- 5.2.2 Interim Dashboard and Data Lake (BP02)
- 5.2.3 Information Management / Information Governance Enablers (BP03)

2. The Strategy involves material effort and investment to execute but is expected to enable OPEX savings and operational improvements to offset

Estimates in the Strategy identify ~9000 FTE days of work and a further investment of approximately \$10.5m into the ICT portfolio. Estimates provided are not final, endorsed or automatically provisioned; they are simply rough estimates and are intended to provide high-level guidance to stakeholders on the potential magnitude for each initiative.

Implications

All initiatives are expected to develop a business case (as per project governance requirements) and be subject to both annual budget planning cycles and screening, gating and prioritisation by the ICT Steering Committee.

- 5.6 Financial and Resource Perspective (Transition Costs per Phase)

3. Digital and ICT investments will support strategic business objectives

Five strategic themes encapsulate the new Digital & ICT Strategy:

- a. Secure, stable and measured ICT Services
- b. Unlocking the value of information
- c. Simplify, streamline and leverage ICT for business value
- d. Innovation in operations and workforce
- e. Digital Products and Services

Implications

Unless strategic fit can be ensured and positive business cases can be demonstrated, ICT initiatives will not be considered by Council. Initiatives should demonstrate value to Council as a whole and ultimately to the Ipswich community.

- 3.3 Key Trends & Influences - Business Capability-Based Planning and Design
- 3.4 Guiding Principles – Business Value
- 4.2.4 ICT Practice Capabilities - Manage IT Like a Business
- 4.2.4 ICT Practice Capabilities - Manage Business Value
- 5.1.1 ICT Steering Committee (ITGOV01)

Item 2 / Attachment 2.

4. A single, integrated platform will form the heart of ICC's Digital & ICT environment

The most significant aspect of the new ICC Digital and ICT Strategy a move towards a single ICT Platform to accommodate the majority of Council's requirements. This will aim to:

- a. Build "One Council"
- b. Consolidate applications and reduce systems complexity and costs
- c. Standardise the look and feel and customer user interface
- d. Enforce industry good practice
- e. Achieve functional 'fit for purpose'

Implications

Once Council's ICT Platform of the Future has been identified, this will form the basis of our core systems. Departure from this platform will be by exception only and strong governance will be necessary to ensure that we collectively draw benefit from the cost and standardisation advantages.

5. A Business-led ICT Steering Committee ensures compliance with the ICT Strategy and governs future spending on ICT

The focus of the ICT Steering Committee will be on:

- a. Prioritising new projects/investments
- b. Approving business cases
- c. Applying ICT Principles and good practices to protect platform and systems integrity
- d. Seeking independent advice on Digital and ICT directions
- e. Fast-tracking digital initiatives to deliver quick wins

Implications

Business leadership will determine the priority and the relative value of ICT initiatives for Council with ICT Branch acting as a trusted advisor. ICT initiatives will complement and enable business led change under the direction of an Enterprise Program Management Office (EPMO).

6. A Centre-led ICT operating model will be implemented

Satellite ICT teams will be formally connected to the centralised ICT Branch. Federated decision making will be adopted for line-of-business specific activities where:

- a. ICC's preferred platform(s) will not service a particular business need
- b. The business case stacks up
- c. The particular requirements can't reasonably be accommodated by another solution already in use at Council

All solutions will need to comply with ICC's approved enterprise architecture and Information Security requirements with approval being obtained through the ICT Steering Committee.

Implications

ICT Branch will preside over a Centre-led Digital & ICT operating Model in Council. Satellite ICT Teams will be formally connected to an ICT Branch Section, whilst residing in business areas. They will retain a dotted line reporting relationship with the business owner.

- 3.4 Guiding Principles – Common & Open Platform
- 3.5 ICT Strategy Map – Platform by Design
- 4.2.3 ICT Portfolio - Platform Architecture
- 5.2.7 Platform of the Future (PotF) (BP07)
- 3.3 Key Trends & Influences - Future of IT Governance Roles
- 3.3 Key Trends & Influences – Business Capability-Based Planning and Design
- 3.4 Guiding Principles – Business Value
- 4.2.1 ICT Governance – Corporate Governance System
- 4.2.1 ICT Governance – Governance Committees
- 5.1.1 ICT Steering Committee (ITGOV01)
- 3.4 Guiding Principles – Governed and Centre-led
- 4.2.2 ICT Operating Model - Information Management
- 5.1.4 Information Management Operating Model
- 4.2.2 ICT Operating Model - Service Provider Model

Item 2 / Attachment 2.

7. ICC's digital future will reside in the cloud

A 'cloud-first' model will be promoted for all future Digital and ICT capability. An exemption from the ICT Steering Committee will be needed prior to procurement of any on premise solutions. Likewise, ICT Requirements for cloud services have been prepared as a guideline for business units looking to adopt cloud services and provides specific guidelines for ensuring compatibility, sustainability and security of Council's ICT portfolio, specifically where these services move to the cloud.

Implications

ICT is trending towards the cloud with ICT as a Service becoming commonplace. The future will see more subscription-based (operational expenditure) and less capital investment on ICT.

- 3.4 Guiding Principles – Cloud First
- 4.2.2 ICT Operating Model – Sourcing Model
- 4.2.3 ICT Portfolio – Platform Architecture
- 5.2.7 Platform of the Future (PotF) (BP07)

8. Technology will enable ICC to become an agile and adaptive organisation

A focus on Digital Business will be encouraged to embrace agile and iterative techniques and adaptive skills and mindset to create simple and intuitive customer experiences. Offering more channels for service delivery with access from any device will define the normal mode of operation not the exception.

Implications

Less focus on large projects and waterfall delivery methodologies and more emphasis on agile and iterative techniques will mark the difference. Multi-functional, self-managed teams will be deployed to deliver digital products to reap low hanging fruit quickly.

- 3.4 Guiding Principles – Innovative, Agile & Responsive
- 4.2.2 ICT Operating Model - Project/Portfolio Management
- 4.2.4 ICT Practice Capabilities - Solution Delivery Methods & Tools
- 5.4.3 Staff Plan - Phase 3 (Capability & Skills Uplift) (ITCAP03)
- 5.4.5 ICT Project Lifecycle Uplift (Bi-Modal) (ITCAP05)

Doc ID No: A5857238

ITEM: 3

SUBJECT: UPDATE ON QUEENSLAND AUDIT OFFICE RECOMMENDATIONS (PLANNING AND REGULATORY SERVICES DEPARTMENT)

AUTHOR: SENIOR BUSINESS SUPPORT OFFICER

DATE: 22 OCTOBER 2019

EXECUTIVE SUMMARY

This is a progress report outlining the Planning and Regulatory Services Department's actions in complying with the Queensland Audit Office (QAO) recommendations outlined in *QAO 2018 Closing Report* (adopted by Council on 4 December 2018).

RECOMMENDATION/S

That the report be received and the contents noted.

RELATED PARTIES

Queensland Audit Office. There was no declaration of conflicts of interest.

ADVANCE IPSWICH THEME

Managing growth and delivering key infrastructure

PURPOSE OF REPORT/BACKGROUND

Following QAO's 2018 audit of Ipswich City Council's financial records and processes, Planning and Regulatory Services Department have undertaken a body of work to comply with the QAO's recommendations. Issues identified by the QAO that relate to the (former) Planning and Development Department included:

1. No policies or procedures in relation to developer infrastructure contributions;
2. Reconciliation of Infrastructure Charges Notice (ICN) Register to Pathway for outstanding developer infrastructure contributions; and
3. Lack of transparency in calculation of fee variations.

As advised in the previous Audit and Risk Management Committee report on 28 August 2019, items 1 and 3 have been addressed. Item 2 regarding entries in the Infrastructure Charges Notice Register has now also been resolved with outstanding infrastructure contributions reconciling between the Register and Pathway. To maintain the integrity of this data, detailed work instructions will need to be prepared to outline the processes for managing the Register and Pathway moving forward, including:

- Inserting contributions into the Infrastructure Charges Register;
- Recording payments, refunds, offsets and credits utilised in the Register; and
- Reconciling the Infrastructure Charges Register with Pathway.

The last update provided to Audit and Risk Management Committee in August identified a \$97.3 million reduction of outstanding contributions since October 2018, with a total of \$206.7 million outstanding. While these contributions show as outstanding in Pathway, at least \$177 million of this total were not payable as the development had not commenced or is under construction.

The current balance of outstanding contributions for the same period (since 15 October 2018) is now \$147 million. The below table shows the comparison of outstanding infrastructure contributions between June, August and October 2019 as well as the breakdown of contributions not yet payable and contributions legitimately outstanding.

	JUNE 2019		AUGUST 2019		OCTOBER 2019	
	No. of applications	Contributions	No. of applications	Contributions	No. of applications	Contributions
Development not commenced (contributions not payable)	296	\$93,999,499 (41.9%)	288	\$86,985,427 (42%)	263	\$70,555,742 (48%)
Under construction/ staged development (contributions not payable)	122	\$93,322,535 (41.6%)	116	\$90,187,639 (44%)	99	\$68,964,184 (47%)
Audit underway (contributions outstanding)	76	\$37,243,826 (16.5%)	63	\$29,566,811 (14%)	35	\$7,625,023 (5%)
Development completed (contributions not collected)	1*	\$11,026 (<1%)	1*	\$11,026 (<1%)	1*	\$10,818 (<1%)
TOTAL	495	\$224,576,886	468	\$206,750,903	398	\$147,155,767

***Note:** this application relates to a development at Braeside road, Bundamba where legal assistance has been sought, and contributions continue to remain outstanding. A recalculation of these contributions was completed which accounts for the different figure in October.

Of the \$59.6 million reduction since August 2019, approximately \$42.2 million of these contributions have been reduced through the process of reconciling credits across various

Infrastructure Agreement Registers and Cross Crediting Registers within Pathway. The process of reconciling these registers is progressing, with 22 of the 31 Infrastructure Agreement Registers reconciled, another 7 Register audits in progress and 2 Registers not yet started.

While the reconciliation of the Infrastructure Charges Register with Pathway finalises the recommendations that QAO identified for Planning and Regulatory Services Department, a subsequent body of work is required to maintain and refine the management of outstanding infrastructure contributions:

- Continued reconciliation of offsets and credit transactions between ICN Register, the Infrastructure Agreements Registers and Pathway;
- Continued auditing of contributions paid and credits utilised in the Infrastructure Agreements Registers;
- Monthly reporting to the General Manager on the progress of development compliance audits for applications that have outstanding infrastructure contributions;
- Monthly reconciliations between the ICN Register and Pathway to ensure completeness and accuracy of outstanding infrastructure contributions;
- Investigation of a software program to manage infrastructure charging through a dedicated software package that coordinates with existing systems;
- Develop a series of processes for:
 - managing the Infrastructure Charges Notice Register, including instructions on how to insert new entries, record payments and reconcile the Register with Pathway.
 - recording and monitoring outstanding infrastructure contributions that are being paid under an agreed payment plan.
 - monitoring outstanding infrastructure contributions in relation to Reconfiguring a Lot applications.
 - auditing and maintaining bank guarantees held for developer contributions by the Planning and Regulatory Services Department.
- Identify instances where contributions have not been inserted into Pathway through a review of all decided development applications without infrastructure charges recorded; and
- Expand the scope of the *Variation of Development Applications Fees Procedure* to incorporate fee variations applied to (former) Health and Regulatory Services fees and include:

- clear wording to state that all information in relation to the request and reasons for the decision are to be recorded in Council's corporate information systems.
- a process to review the decision if the applicant chooses to appeal.

LEGAL/POLICY BASIS

This report and its recommendations are consistent with the following legislative provisions:

Local Government Act 2009

Planning Act 2016

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report (as it is for noting only), however there are risk management implications with not complying with the QAO recommendations related to this matter.

FINANCIAL/RESOURCE IMPLICATIONS

All costs associated with completing the QAO recommendations have been absorbed within the Planning and Regulatory Services Department operational budget. Therefore, there are no financial implications associated with this update report.

COMMUNITY AND OTHER CONSULTATION

The contents of this report do not require community consultation.

CONCLUSION

The Planning and Regulatory Services Department have complied with all of the QAO recommendations as outlined in the *QAO 2018 Closing Report*. To ensure systems are adequately maintained moving forward, work will continue to complete the work already commenced and refine the processes around managing infrastructure contributions and fee variations.

Trish Standen

SENIOR BUSINESS SUPPORT OFFICER

I concur with the recommendations contained in this report.

Nicole Yiannou

BUSINESS SUPPORT MANAGER

I concur with the recommendations contained in this report.

Brett Davey

ACTING GENERAL MANAGER - PLANNING AND REGULATORY SERVICES

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Doc ID No: A5863913

ITEM: 4

SUBJECT: PLANNED AGENDA FOR THE AUDIT AND RISK MANAGEMENT COMMITTEE FOR 2020

AUTHOR: CHIEF AUDIT EXECUTIVE

DATE: 25 OCTOBER 2019

EXECUTIVE SUMMARY

This is a report concerning the proposed structured and planned agenda for the Audit and Risk Management Committee for the period 1 January 2020 to 31 December 2020. This document was reviewed at the Audit and Risk Management Committee Strategy Meeting held on 24 October 2019 and the suggested changes in Attachment 1 are shown in track changes.

RECOMMENDATION/S

That the 2020 planned agenda for the Audit and Risk Management Committee be adopted.

RELATED PARTIES

Not applicable

ADVANCE IPSWICH THEME

The intention is for the Audit and Risk Management Committee is to support all five themes:

- Strengthening our local economy and building prosperity
- Managing growth and delivering key infrastructure
- Caring for the community
- Caring for the environment
- Listening, leading and financial management

Individual activities will to a varying degree support these themes, but the main objective for the Committee is to support the organisation in achieving its objectives.

PURPOSE OF REPORT/BACKGROUND

The purpose of the report is to have a planned and structure agenda to consider and cover matters of importance to the Committee.

LEGAL/POLICY BASIS

This report and its recommendations are consistent with the following legislative provisions:

Local Government Act 2009

Local Government Regulation 2012

RISK MANAGEMENT IMPLICATIONS

The planned agenda assists in guiding the activities of the Audit and Risk Management Committee in considering important aspects regarding governance, control and risk activities in helping Council achieve its objectives to an appropriate and effective level.

FINANCIAL/RESOURCE IMPLICATIONS

No additional resources are required because of this report. However the cost in the preparation of reports and or presentations and specific circumstances will dictate if matters have to be assessed or investigated and also management will have to consider the financial implications to implement the recommendations generated or supported through the activities of this Committee.



COMMUNITY AND OTHER CONSULTATION

For this purpose the members and attendees of the Audit and Risk Management Committee were consulted in the establishment of the planned agenda.

CONCLUSION

This planned agenda is important to ensure an effective and efficient committee.

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

1.	Draft Planned Dates for Audit and Risk Management Committee for 2020  
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Freddy Beck

CHIEF AUDIT EXECUTIVE

I concur with the recommendations contained in this report.

Freddy Beck

CHIEF AUDIT EXECUTIVE

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Attachment 1

**PLANNED AGENDA IPSWICH CITY COUNCIL AUDIT AND RISK MANAGEMENT COMMITTEE
(1 January 2020 to 31 December 2020) - Updated 15/10/2019**

MEETING DATE	AGENDA TO INCLUDE	Area
?? February 2020	<i>Standing agenda items</i>	
Normally one week prior to the Governance Committee meeting in February 2020. 1:00 p.m. to 3:00 p.m.	• Apologies	A&RMC
	• Declaring of conflict of interest by committee members	A&RMC
	• Approval of minutes - A&RM Committee October 2019 report	A&RMC
	• Business arising from previous meeting	A&RMC
	• Other matters from committee members	A&RMC
	• Correspondence from QAO, regulators etc.	QAO
	<i>Internal Audit</i>	
	• Internal audit activities and progress report	IntAudit
	• Summary of recent internal audit reports released	IntAudit
	• External and internal audit recommendations status report	IntAudit
	<i>Committee Reports</i>	
	• Compliance matters breach (including complaints) reporting	CS
	• Taxation Report	CS
	<i>Risk</i>	
	• Risk management report including progress on strategic risks	Risk
	• Risk profile – changes in risk register	Risk
	• Departmental Risk Registers (one department per meeting)	Risk
	• Business continuity planning presentation	Risk
	• Implementation of the risk management framework	Risk
	<i>Underlying Strategic Risk - Deep Dive</i>	
	• Procurement	CS
	• Key projects progress (including Transformation)	C&P
	• Payroll	CS
	<i>Internal Systems Processes and Controls - Deep Dive</i>	
	• Data analytics progress (Strategic control perspective)	CS
	• CBD	C&P
	<i>External Audit</i>	
	• Auditor General's 2019-2020 Client Strategy	QAO
	• Discuss any issues with QAO in the absence of management	A&RMC
?? June-May 2020	<i>Standing agenda items</i>	
Normally one week prior to the Governance Committee meeting in May 2020. 1:00 p.m. to 3:00 p.m.	• Apologies	A&RMC
	• Declaring of conflict of interest by committee members	A&RMC
	• Approval of minutes - A&RM Committee February 2020 report	A&RMC
	• Business arising from previous meeting	A&RMC
	• Other matters from committee members	A&RMC
	• Correspondence from QAO, regulators etc.	QAO
	<i>Internal Audit</i>	
	• Internal audit activities and progress report	IntAudit
	• Summary of recent internal audit reports released	IntAudit
	• External and internal audit recommendations status report	IntAudit
	• Audit plan progress	IntAudit
	• Annual internal audit plan	IntAudit
	<i>Committee Reports</i>	
	• Compliance matters breach (including complaints) reporting	CS

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Attachment 1

	<ul style="list-style-type: none"> • Taxation Report <p><i>Risk</i></p> <ul style="list-style-type: none"> • Risk management report including progress on strategic risks • Risk profile – changes in risk register • Review of risk management policy • Review the operational effectiveness of internal control environment • Departmental Risk Registers (one department per meeting) <p><i>Underlying Strategic Risk - Deep Dive</i></p> <ul style="list-style-type: none"> • Key projects progress • Developer contributions • Waste and landfill issues <p><i>Internal Systems Processes and Controls - Deep Dive</i></p> <ul style="list-style-type: none"> • Information systems control framework presentation <p><i>External Audit</i></p> <ul style="list-style-type: none"> • Verbal progress report 	<p>CS</p> <p>Risk Risk Risk Risk</p> <p>Risk</p> <p>C&P P&RS P&RS</p> <p>CS</p> <p>QAO</p>
?? August 2020	<p><i>Standing agenda items</i></p> <ul style="list-style-type: none"> • Apologies • Declaring of conflict of interest by committee members • Approval of minutes - A&RM Committee June 2020 report • Business arising from previous meeting • Other matters from committee members • Correspondence from QAO, regulators etc. <p><i>Internal Audit</i></p> <ul style="list-style-type: none"> • Internal audit activities and progress report • Internal audit performance review for year including key performance indicators report • Annual assertion on Internal Auditing Standards • Summary of recent internal audit reports released • External and internal audit recommendations status report <p><i>Committee Reports</i></p> <ul style="list-style-type: none"> • Compliance matters breach (including complaints) reporting <p><i>Risk</i></p> <ul style="list-style-type: none"> • Risk management report including progress on strategic risks • Risk profile – changes in risk register • Departmental Risk Registers (one department per meeting) • Fraud Risk Management <p><i>Underlying Strategic Risk - Deep Dive</i></p> <ul style="list-style-type: none"> • Key projects progress • Fraud Management • Governance outcomes of the Performance System <p><i>Internal Systems Processes and Controls - Deep Dive</i></p> <ul style="list-style-type: none"> • Information systems control framework presentation including aspects such as cybercrime and projects implementation <p><i>External Audit</i></p> <ul style="list-style-type: none"> • Verbal progress report 	<p>A&RMC A&RMC A&RMC A&RMC A&RMC QAO</p> <p>IntAudit IntAudit</p> <p>IntAudit IntAudit IntAudit</p> <p>CS</p> <p>Risk Risk Risk Risk</p> <p>C&P CS CEO</p> <p>CS</p> <p>QAO</p>
?? September 2020	(Date determined when draft financial statements are ready and as	

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2020.DOC\H:\CEO\Internal Audit\2015-2016 Program\Related Activities\Audit Committee\201510-Oct\Item-5-AC-Planned
Agenda\Planned Dates Audit Committee 2016.doc

Attachment 1

<p>Before 15 September as soon as draft financial statements are available. 1:00 p.m. to 3:00 p.m.</p>	<p>determined by the COO-F&CSGM - CS)</p> <p><i>Standing agenda items</i></p> <ul style="list-style-type: none"> • Apologies • Approval of Minutes - A&RM Committee August 2020 report • Correspondence from QAO, Regulators etc. • Business Arising from previous meetings • Other matters from committee members <p><i>Financial Statements</i></p> <ul style="list-style-type: none"> • Review Draft Financial Statements and Draft Annual Report • Discuss accounting and reporting matters • Review related party transactions and disclosures <p><i>Other Matters</i></p> <ul style="list-style-type: none"> • Review management attestations for financial statement representation letters <p><i>External Audit Matters</i></p> <ul style="list-style-type: none"> • Draft management report and verbal update 	<p>A&RMC</p> <p>A&RMC</p> <p>A&RMC</p> <p>A&RMC</p> <p>A&RMC</p> <p>CS</p> <p>CS</p> <p>CS</p> <p>CS</p> <p>QAO</p>
<p>?? November 2020</p> <p>One week prior to the Governance Committee meeting in November 2020. 1:00 p.m. to 3:00 p.m.</p>	<p><i>Standing agenda items</i></p> <ul style="list-style-type: none"> • Apologies • Declaring of conflict of interest by committee members • Approval of minutes - A&RM Committee September 2020 report • Business arising from previous meeting • Other matters from committee members • Correspondence from QAO, regulators etc. <p><i>Internal Audit</i></p> <ul style="list-style-type: none"> • Internal audit activities and progress report • Summary of recent internal audit reports released • External and internal audit recommendations status report <p><i>Committee Reports</i></p> <ul style="list-style-type: none"> • Compliance matters breach (including complaints) reporting • Councillor Remuneration <p><i>Risk</i></p> <ul style="list-style-type: none"> • Risk management report including progress on strategic risks • Risk profile – changes in risk register • Departmental Risk Registers (one department per meeting) • Review Insurance activities <p><i>Underlying Strategic Risk - Deep Dive</i></p> <ul style="list-style-type: none"> • Asset management (including Infrastructure) • Key projects progress <p><i>Internal Systems Processes and Controls - Deep Dive</i></p> <ul style="list-style-type: none"> • Valuation Policy, processes and controls • Rates <p><i>Other Matters</i></p> <ul style="list-style-type: none"> • 2020 Audit and Risk Management Committee Annual Plan • Review of the ARMC Charter • Audit and Risk Management Committee Self-Assessment Report • Review of the Internal Audit Charter <p><i>External Audit</i></p> <ul style="list-style-type: none"> • Matters arising from the 2020 QAO Audit Report 	<p>A&RMC</p> <p>A&RMC</p> <p>A&RMC</p> <p>A&RMC</p> <p>A&RMC</p> <p>QAO</p> <p>IntAudit</p> <p>IntAudit</p> <p>IntAudit</p> <p>CS</p> <p>CS</p> <p>Risk</p> <p>Risk</p> <p>Risk</p> <p>Risk</p> <p>I&E</p> <p>C&P</p> <p>CS</p> <p>CS</p> <p>A&RMC</p> <p>A&RMC</p> <p>A&RMC</p> <p>IntAudit</p> <p>QAO</p>

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Item 4 / Attachment 1.

Attachment 1

	<ul style="list-style-type: none">• Discuss any issues with QAO in the absence of management	QAO
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ITEM: 5

SUBJECT: AUDIT AND RISK MANAGEMENT COMMITTEE CHARTER

AUTHOR: CHIEF AUDIT EXECUTIVE

DATE: 25 OCTOBER 2019

EXECUTIVE SUMMARY

This is a report concerning a review of the Audit and Risk Management Committee Charter. The Charter was reviewed and discussed at the Audit and Risk Management Committee Strategy Meeting held on 24 October 2019 with suggested changes outlined in track changes in Attachment 2.

RECOMMENDATION/S

That the Audit and Risk Management Committee Charter as detailed in Attachment 2 be adopted.

RELATED PARTIES

Not applicable

ADVANCE IPSWICH THEME

The intention is for the Audit and Risk Management Committee is to support all five themes:

- Strengthening our local economy and building prosperity
- Managing growth and delivering key infrastructure
- Caring for the community
- Caring for the environment
- Listening, leading and financial management

Individual activities will to a varying degree support these themes, but the main objective for the Committee is to support the organisation in achieving its objectives.

PURPOSE OF REPORT/BACKGROUND

The purpose of this activity is to regularly review and updated the Audit and Risk Management Committee Charter to keep it current and appropriate.

LEGAL/POLICY BASIS

This report and its recommendations are consistent with the following legislative provisions:

Local Government Act 2009
Local Government Regulation 2012

RISK MANAGEMENT IMPLICATIONS

The Audit and Risk Management Charter as a whole guides the activities of internal audit to minimise and control the risks the activity faces.

FINANCIAL/RESOURCE IMPLICATIONS

No additional resources are required because of this report. However situations will dictate if matters have to be assessed or investigated and also management will have to consider the financial implications to implement the recommendations generated or supported through the activities of this Committee.





COMMUNITY AND OTHER CONSULTATION

For this purpose the members and attendees of the Audit and Risk Management Committee were consulted in updating this charter.

CONCLUSION

The Audit and Risk Management Committee Charter is an important document to guide the Committees in its oversight activities and to safeguard Council as a whole.

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

1.	Current Audit and Risk Management Committee Charter as at 18 Septemeber 2018 copy  
2.	Proposed Audit and Risk Management Committee Charter - tracked changes  

Freddy Beck

CHIEF AUDIT EXECUTIVE

I concur with the recommendations contained in this report.

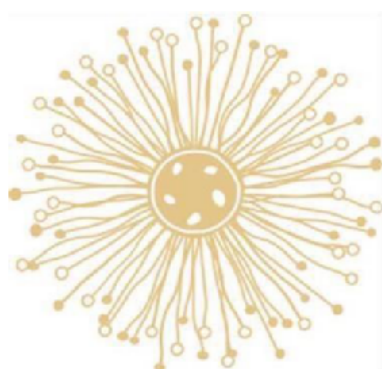
Freddy Beck

CHIEF AUDIT EXECUTIVE

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AUDIT AND RISK MANAGEMENT COMMITTEE CHARTER



Amendment List		
Council Resolution Date	Committee Reference and Date	Resolution no.
3 November 2004	City Management and Finance Committee No. 2004(09) of 26 October 2004	43.04
27 May 2008	Audit Committee No. 2008(01) of 14 May 2008; City Management and Finance Committee No.2008 (02) of 20 May 2008	8, 7
20 July 2010	City Management and Finance Committee No. 2010 (07) of 13 July 2010	6
18 October 2011	Audit Committee No. 2011(04) of 12 October 2011; City Management and Finance Committee No. 2011(10) of 10 October 2011.	3
15 November 2011	Audit Committee No. 2011(05) of 2 November 2011; City Management and Finance Committee No. 2011(11) of 8 November 2011	5
25 February 2014	Audit Committee No. 2014(01) of 12 February 2014 - City Management and Finance Committee No. 2014(02) of 18 February 2014. (No change)	5
25 August 2015	Audit Committee No. 2015(03) of 5 August 2015 - City Management and Finance Committee No. 2015(08) of 18 August 2015	5
17 August 2016	Audit Committee No. 2016(02) of 3 August 2016 – City Management, Finance and Community Engagement Committee No. 2016(05) of 9 August 2016	5
14 November 2017	City Management, Finance and Community Engagement Committee No. 2017(11) of 9 November 2017 – Audit Committee No. 2017(01) of 27 November 2017	9, 6
18 September 2018	Council Ordinary Meeting of 18 September 2018	

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11.	REVIEW OF THE CHARTER	10
12.	APPROVAL OF THE CHARTER	10

1. INTRODUCTION

The Local Government Act requires that each large local government must establish an audit committee. The Charter defines the role, responsibilities, composition and guidelines of the Audit and Risk Management Committee (the Committee) within Council.

The Committee does not take over management responsibilities within Council.

2. PURPOSE

The Committee acts as an independent, oversight, assurance and advisory service to Council in the effective discharge of its responsibilities prescribed in the Local Government Act, the Local Government Regulation and other relevant legislation and prescribed requirements by monitoring and reviewing:

- The governance structure.
- Values and ethics.
- The integrity of financial documents and public accountability reports.
- The internal and external audit functions.
- Risk management.
- Internal control.
- Management action plans.
- Assurance providers

The Committee can recommend to Council and management about any matters that it considers needs action or improvement.

These terms of reference set the principles and standards for the Audit and Risk Management Committee to:

- 2.1 Enhance the ability of members to fulfil their legal responsibilities.
- 2.2 Add to the credibility and objectivity of financial reports.
- 2.3 Enhance the independence and effectiveness of the Council's Internal Audit Branch.
- 2.4 Oversee the application of appropriate accounting and disclosure policies and procedures.
- 2.5 Monitor existing corporate policies and recommend new corporate policies that aim to prohibit unethical, questionable or illegal activities.
- 2.6 Provide a communication link between management, internal auditors/external auditors and Council.
- 2.7 Promote the need for public accountability of managers to Council, the ratepayers and other interested parties.

2.8 Support measures to improve governance, risk and internal controls.

3. AUTHORITY, INDEPENDENCE AND ACCESS

3.1 In discharging its responsibilities the Audit and Risk Management Committee has the authority to:

- Conduct or request investigations into matters within its scope of responsibility and in accordance with the Local Government Act.
- Access information, records and personnel of the Council for such purpose;
- Request the attendance of any employee, including executive staff, at committee meetings;
- Conduct meetings with the Council's internal and external auditors and risk manager as necessary; and
- Seek advice from external parties to meet its responsibilities, as necessary provided that Council approval will be required prior to committing to any expenditure required in seeking that advice.

3.2 The Committee will need to liaise closely with management and internal and external auditors to carry out its responsibilities. Whilst the primary responsibility for financial and other reporting, risk, internal control and compliance with laws, regulations and ethics within Council rests with management, the Audit and Risk Management Committee may exercise a monitoring and review role.

3.3 The Committee will have unrestricted access to all information it deems necessary, including documents and officials, and have adequate resources in order to fulfil its oversight responsibilities.

4. CONFIDENTIALITY

4.1 The Committee members are responsible and accountable for maintaining the confidentiality of the information they receive during the conduct of their function.

5. ETHICAL PRACTICES

5.1.1 The Committee members will, at all times in the discharge of their duties and responsibilities, exercise honesty, objectivity, probity and not engage knowingly in acts or activities that have the potential to bring discredit to Council.

5.1.2 The Committee members also must refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and must at all times act in a proper and prudent manner in the use of information acquired in the course of their duties. Committee members must not use Council information for any personal gain for themselves or their immediate families or in any manner that would be contrary to law or detrimental to the welfare and goodwill of Council.

5.1.3 The Committee members must not publicly comment on matters relative to activities of the Committee other than as authorised by Council.

- 5.1.4 Members who become aware of a conflict of interest or issue which may affect their objectivity on matters raised within the Committee should advise the Chairperson immediately. Should the Chairperson experience such a conflict he/she is to advise the Chief Executive Officer.

6. MEMBERSHIP

- 6.1 The Committee will be composed of five members, including the Chairperson, as follows:

6.1.1 The Interim Administrator and two Members of the Interim Management Committee.

6.1.2 Two independent external members, chosen and appointed by Council to ensure impartiality and an appropriate mix of skills. When selecting an external member, Council must have regard to that person having an appropriate accounting or similar background to provide additional expertise to Council. No additional paid professional work may be performed for Council during the period of appointment to the Audit and Risk Management Committee.

6.1.3 The term of an independent external member shall be four years and Council may approve one only extension of four years to that term.

6.1.4 As provided by Section 210(1) of the Local Government Regulation Council will appoint one of the members of its Audit and Risk Management Committee to be Chairperson.

6.2 The Committee has the ability to co-opt any persons as advisers, from time to time for a particular period. No remuneration will apply to these advisers.

6.3 Council can, at any time, appoint a stand-in or replacement Interim Management Committee Member to the Audit and Risk Management Committee.

6.4 The External Auditor, Advisers and Ex Officio members are non-voting observers.

6.5 The Chief Executive Officer (CEO), the Chief Financial Officer, the Internal Audit Manager and the Corporate Services and Risk Manager should attend all meetings as Ex Officio observers but have no voting rights.

6.6 Other Council officers may attend meetings as required by invitation of the Committee.

6.7 The membership of the Committee may be reviewed during the life of the Committee but will be reviewed following the completion of each general local government election.

7. DUTIES AND RESPONSIBILITIES

In accordance with the principles, for an Audit Committee set out in the Act, the Regulation and accepted best practice, the duties and responsibilities of the Committee are as follows:

7.1. External Audit

- 7.1.1 Oversee Council compliance with the Local Government Act and other relevant legislation requirements for financial reporting.
- 7.1.2 Review the scope of the total audit activities with the external auditors and provide input and feedback on the external auditor's proposed audit strategy and audit plan including financial statements, and consult on audit fees for the year.
- 7.1.3 Review of effectiveness of the annual audit, to ascertain whether emphasis is being placed on areas where the Committee, management or the auditors believe special attention is necessary.
- 7.1.4 Review the findings and recommendations of external audit, management responses to audit reports and the extent to which external audit recommendations concerning internal accounting controls and other matters are implemented in effectively addressing control deficiencies.

7.2. Internal Audit

- 7.2.1 Ascertain that the activities undertaken by the Internal Audit Branch are in accordance with the Internal Audit Branch Charter and the International Standards for the Professional Practice of Internal Auditing.
- 7.2.2 Review the internal audit's charter, resources and budget such that this charter maintains and enforces internal audit's independence from management.
- 7.2.3 Monitor whether the Internal Audit Branch is receiving the co-operation of all levels of management; and in light of its functions and activities, is viewed as a highly regarded function of Council.
- 7.2.4 Review the planning and scope of internal audit activities and assess the resultant recommendations and findings.
- 7.2.5 Assess whether all significant recommendations of the Internal Audit Branch have been properly implemented by management in effectively addressing control deficiencies. Any reservations the Internal Audit Branch may have about control risk, and accounting and disclosure practices should be discussed by the Committee.
- 7.2.6 Review the Three Year Strategic and Annual Internal Audit Plans to assess that it covers the material business risks of the Council.
- 7.2.7 Monitor the extent of reliance on internal audit work by the external auditors to facilitate completeness of coverage and the effective use of audit resources.
- 7.2.8 Be consulted and provide advice in the appointment and dismissal of the Internal Audit Manager.

- 7.2.9 Review and monitor the effectiveness and objectivity of internal audit.

The Audit and Risk Management Committee's responsibilities do not extend to managing the day-to-day activities of Internal Audit Branch. This is a function which is carried out by the CEO.

7.3. Financial Statements

- 7.3.1 Review the appropriateness of accounting policies adopted by Council and ensure the accounting policies adopted are relevant to Council and its specific circumstances.
- 7.3.2 Review the appropriateness of significant assumptions and judgments made by management particularly around estimations which impact on reported amounts of assets, liabilities, income and expenses in the financial statements.
- 7.3.3 Review the financial statements for compliance with prescribed accounting and other requirements.
- 7.3.4 Review, with management and the external auditors, the results of the external audit and any significant issues identified.
- 7.3.5 Analyse the Council's financial performance and financial position and seek explanation for significant trends or variations from budget or forecasts.
- 7.3.6 Ensure that assurance with respect to the accuracy and completeness of the financial statements is given by management.
- 7.3.7 Recommend approval of the Financial Statements (including sustainability ratios) to the CEO and Mayor.
- 7.3.8 Review the final draft financial statements prior to its approval by Council, taking on board any external audit comments. In particular the review should focus on but not limited to:
- (i) significant changes in accounting policies and practices
 - (ii) major judgmental areas
 - (iii) significant audit adjustments
 - (iv) proposed departures from accounting standards

7.4 Risk Management

- 7.4.1 Review the risk management framework for identifying, escalating, monitoring and managing significant enterprise risks, including fraud.
- 7.4.2 Assess the impact of the Council's risk management framework on its control environment and satisfy itself that the insurance arrangements are appropriate.

- 7.4.3 Assess and contribute to the audit planning processes relating to the risks and threats to Council.
- 7.4.4 Determine whether a sound and effective approach has been followed in establishing the Council's business continuity planning arrangements, including whether business continuity and disaster recovery plans have been periodically updated and tested.
- 7.4.5 Monitor whether the risk management framework/program is receiving support from all levels of management.

7.5 Fraud and Corruption Control

- 7.5.1 Review the process of developing and implementing the Council's fraud control arrangements and satisfy itself that Council has appropriate processes and systems in place to detect, capture and effectively respond to fraud-related information.
- 7.5.1 Review reports on fraud that outline any identified allegations of fraud, the status of any ongoing investigations and any changes to identified fraud risk in Council.

7.6 Internal Control Framework

- 7.6.1 Review the adequacy of the internal control environment, structure and systems, including information technology security and control.
- 7.6.2 Review whether relevant policies and procedures are in place, up-to-date and complied with, including those for the management and exercise of delegations.

7.7 Compliance

- 7.7.1 Determine whether management has considered legal and compliance risks as part of Council's risk assessment and management arrangements.
- 7.7.2 Review the effectiveness of the system for monitoring Council's compliance with relevant laws, regulations and policies including statutory regulations for any subsidiaries of Council.
- 7.7.3 Review the findings of any examinations by regulatory agencies, and any auditor observations.
- 7.7.4 Review the Council's Code of Conduct and recommend changes as appropriate.
- 7.7.5 Review policies and procedures relating to conflict of interest, misconduct, fraud and other related sensitive issues.

7.8 Other Matters

- 7.8.1 Determine whether Council is receiving reliable and timely management information.

- 7.8.2 Review the proposed Annual Report of Council.
- 7.8.3 Recommend special projects or investigations on any matter within its terms of reference.

8. MEETINGS, RECORDS AND REPORTING STRUCTURE

- 8.1 The Committee shall meet at least four times a year. The CEO with the Audit and Risk Management Committee's agreement will set the date, time and place for the meetings. Before setting the date, time and place for a Committee meeting, the CEO must, if practicable, consult with the Chairperson of the Committee. In addition, the CEO will call a meeting if requested to do so by any Committee member, or the internal or external auditors.
- 8.2 A quorum shall consist of three members, at least one of which must be the Interim Administrator. If there is a split vote by members on a resolution the Chairperson at the meeting may exercise a casting vote on the resolution.
- 8.3 The external auditors shall be given notice of all meetings and sent an agenda. The external auditors shall have the right to attend and speak.
- 8.4 The Committee Branch shall prepare an agenda supported by necessary explanatory documentation and circulate it to the Audit and Risk Management Committee members, any other Council officer requested to attend and the external auditors, if practicable at least five (5) days before the day of the meeting.
- 8.5 The Committee Branch will provide secretarial functions to the meetings and prepare a Report of each meeting which will be provided to Audit and Risk Management Committee members and permanent attendees one week after the meeting, at the latest.
- 8.6 The Report of the Audit and Risk Management Committee meeting will be presented to the next meeting of the City Management and Finance Committee for its consideration.
- 8.7 The Committee Branch will provide relevant extracts of the Report, upon its adoption by Council, to relevant officers for information and action.
- 8.8 The Audit and Risk Management Committee may hold periodic private 'in camera'¹ meetings with the Internal Audit Manager and/or external audit generally without senior management being present through a formal process and included in the annual Audit and Risk Management Committee planner.

¹ Source: 'Better Practice Guide – Public Sector Audit Committees', Australian National Audit Office, 2015.

9. INDUCTION

- 9.1 New members to the Committee will be provided with induction material on their appointment to assist them to meet their Committee responsibilities to allow the members familiarise themselves with the environment and to facilitate their understanding of its principal operations and activities, corporate practices and culture.

10. SELF EVALUATION

- 10.1 At least biennially, the Audit and Risk Management Committee will assess the performance and achievements of the Committee for the previous period and ensure that it is meeting its objectives efficiently and effectively.
- 10.2 Confirm biennially that all responsibilities outlined in this charter have been carried out.
- 10.3 Where this evaluation highlights a need for enhancements to the role, operational processes or membership of the Committee, the Chairperson should take action to ensure such enhancements are implemented.

11. REVIEW OF THE CHARTER

- 11.1 This Charter will be reviewed annually by the committee to ensure it remains consistent with the Committee's authority, objectives and responsibilities.

12. APPROVAL OF THE CHARTER

- 12.1 The Charter is endorsed by the Chair of the Committee and approved by Council.





IPSWICH CITY COUNCIL

Audit and Risk Management Committee Charter

Previous Version approved	Council Ordinary Meeting of 18 September 2018	
Current Version and Objective ID	Version No:	Objective ID:
New Version Approved by Council on		
Date of Next Review		

1. STATEMENT

The Local Government Act requires that each large local government must establish an audit committee. The Charter defines the role, responsibilities, composition and guidelines of the Audit and Risk Management Committee (the Committee) within Council. The Committee is to provide an oversight, advisory and assurance role only and does not have any delegated responsibility or management functions within Council.

2. PURPOSE AND PRINCIPLES

The Committee acts as an independent, oversight, assurance and advisory service to Council in the effective discharge of its responsibilities prescribed in the Local Government Act, the Local Government Regulation and other relevant legislation and prescribed requirements by providing oversight, monitoring and reviewing:

- The governance structure.
- Values and ethics.
- The integrity of financial documents, management and public accountability reports.
- The internal audit and corrupt conduct investigation's branch activities.
- Legislative compliance.
- External audit.
- Risk management.
- Internal control including fraud.
- Management action plans.
- Assurance providers.
- Performance reporting.

The Committee can provide recommendations to Council and management about any matters that it considers needs action or improvement. These terms of reference set the principles and standards for the Audit and Risk Management Committee to:

- 2.1 Enhance the ability of members to fulfil their legal responsibilities.
- 2.2 Add to the credibility and objectivity of financial reports.
- 2.3 Enhance the independence and effectiveness of the Council's Internal Audit Branch.
- 2.4 Oversee the application of appropriate accounting and disclosure policies and procedures.
- 2.5 Monitor existing corporate policies and recommend new corporate policies that aim to prohibit unethical, questionable or illegal activities.



IPSWICH CITY COUNCIL | Name of Policy

- 2.6 Provide a communication link between management, internal auditors/external auditors and Council.
- 2.7 Promote the need for public accountability of managers to Council, the ratepayers and other interested parties.
- 2.8 Support measures to improve governance, risk and internal controls.

3. STRATEGIC PLAN LINKS

The Audit and Risk Management Committee's aim is to achieve the objectives of the whole organisation and therefore this policy relates to providing oversight of the systems, processes and controls that contribute to:

- Strengthening our local economy and building prosperity
- Managing growth and delivering key infrastructure
- Caring for the Community
- Caring for the Environment
- Listening, Leading and Financial Management

4. REGULATORY AUTHORITY

Local Government Act 2009
Local Government Regulation 2012
Crime and Corruption Act 2001

5. AUTHORITY, INDEPENDENCE AND ACCESS

- 5.1. In discharging its responsibilities the Audit and Risk Management Committee has the authority to:
 - 5.1.1. Conduct or request investigations into matters within its scope of responsibility and in accordance with the Local Government Act.
 - 5.1.2. Access information, records and personnel of the Council for such purpose.
 - 5.1.3. Request the attendance of any employee, including executive staff, at committee meetings.
 - 5.1.4. Conduct and minute meetings with the Council's internal and external auditors and risk manager as necessary.
 - 5.1.5. Seek advice from external parties to meet its responsibilities, as necessary provided that Council approval will be required prior to committing to any expenditure required in seeking that advice.
- 5.2. The Committee will need to liaise closely with management and internal and external auditors to carry out its responsibilities. Whilst the primary responsibility for financial and other reporting, risk, internal control and compliance with laws, regulations and ethics within Council rests with management, the Audit and Risk Management Committee should exercise an oversight, monitoring and review role.
- 5.3. The Committee will have unrestricted access to all information it deems necessary, including documents and officials, and have adequate resources in order to fulfil its oversight responsibilities.

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6. CONFIDENTIALITY

The Committee members are responsible and accountable for maintaining the confidentiality of the information they receive during the conduct of their function and should comply with the Code of Conduct.

7. ETHICAL PRACTICES

- 7.1 The Committee members will, at all times in the discharge of their duties and responsibilities, exercise honesty, objectivity, probity and not engage knowingly in acts or activities that have the potential to bring discredit to Council.
- 7.2 The Committee members must also refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and must at all times act in a proper and prudent manner in the use of information acquired in the course of their duties. Committee members must not use Council information for any personal gain for themselves or their immediate families or in any manner that would be contrary to law or detrimental to the welfare and goodwill of Council.
- 7.3 The Committee members must not publicly comment on matters relative to activities of the Committee other than as authorised by Council.
- 7.4 Members who become aware of a conflict of interest or issues which may affect their objectivity on matters raised within the Committee should advise the Chairperson immediately. Should the Chairperson experience such a conflict he/she is to advise the Chief Executive Officer.

8. COMPOSITION AND MEMBERSHIP

- 8.1 The Committee will be composed of five members, including the Chairperson, as follows:

8.1.1 Three independent external members* will be chosen and appointed by Council to ensure impartiality and an appropriate mix of skills.

~~8.1.18.1.2~~ The Interim Administrator* and two Members of the Interim Management Committee (while active/appointed). When the Council returns these members will be replaced by two Councilors on a rotational basis with a two year term.

~~8.1.28.1.3 Two Three independent external members* will change to three independent external members once the IMC leaves/are replaced, chosen and appointed by Council to ensure impartiality and an appropriate mix of skills.~~

~~8.1.38.1.4~~ When selecting an external independent member, Council must have regard to that person having a strong business, accounting, legal or similar background to provide additional expertise to Council.

~~8.1.48.1.5~~ Independent external members will also need a high level understanding of internal controls, risk management, corporate governance and a sound knowledge of information systems and related technology.

~~8.1.58.1.6~~ No additional paid professional work may be performed for Council during the period of appointment to the Audit and Risk Management Committee.

~~8.1.68.1.7~~ The term of an independent external member shall be four years and Council may approve a further extension of four years to that term.

8.1.8 As provided by Section 210(1) of the Local Government Regulation Council will appoint one of the external independent members of its Audit and Risk

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Management Committee to be Chairperson.

- 8.2 The Committee has the ability to co-opt any persons as advisers, from time to time for a particular period. No remuneration will apply to these advisers.
- ~~8.4 Council can, at any time, appoint a stand in or replacement Interim Management Committee Member or Councilor or independent member to the Audit and Risk Management Committee.~~
- 8.3 The External Auditor, Advisers and Ex Officio members are non-voting observers.
- 8.4 The Chief Executive Officer, the General Manager Corporate Services, the Chief Audit Executive the Governance Manager and the Risk Management Coordinator should attend all meetings as Ex Officio observers but have no voting rights.
- 8.5 Other Council officers may attend meetings as required by invitation of the Committee.
- 8.6 The membership of the Committee may be reviewed during the life of the Committee but will be reviewed following the completion of each general local government election.

*The Interim Administrator is only included during the term of Administration

*While in Administration there will be two independent external members and once the IMC leave this will change to three.

9. ROLES AND RESPONSIBILITIES

In accordance with the principles, for an Audit Committee set out in the Act, the Regulation and accepted best practice, the duties and responsibilities of the Committee are as follows:

9.1. External Audit

- 9.1.1 Oversee Council compliance with the Local Government Act and other relevant legislation requirements for financial reporting.
- 9.1.2 Review the scope of the audit activities with the external auditors and provide input and feedback on the external auditor's proposed audit strategy and audit plan including financial statements, and consult on audit fees for the year.
- 9.1.3 Review of effectiveness of the annual audit, to ascertain whether emphasis is being placed on areas where the Committee, management or the auditors believe special attention is necessary.
- 9.1.4 Review the findings and recommendations of external audit, management responses to audit reports and the extent to which external audit recommendations concerning internal accounting controls and other matters are implemented in effectively addressing control deficiencies.

9.2. Internal Audit

- 9.2.1 Review the internal audit's charter, resources and budget such that this charter maintains and enforces internal audit's independence from management.
- 9.2.2 Ascertain that the activities undertaken by the Internal Audit Branch are in accordance with the Internal Audit Branch Charter and the International Standards for the Professional Practice of Internal Auditing.
- 9.2.3 Monitor whether the Internal Audit Branch is receiving the co-operation of all levels of management; and in light of its functions and activities, is viewed as a highly regarded function of Council.



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- 9.2.4 Review the planning and scope of internal audit activities and assess the resultant recommendations and findings.
- 9.2.5 Assess whether all significant recommendations of the Internal Audit Branch have been properly implemented by management in effectively addressing control deficiencies. Any reservations the Internal Audit Branch may have about control risk, and accounting and disclosure practices should be discussed by the Committee.
- 9.2.6 Review the Internal Audit Plan to assess that it covers the key risks of the Council.
- 9.2.7 Monitor the extent of reliance on internal audit work by the external auditors to facilitate completeness of coverage and the effective use of audit resources.
- 9.2.8 The Audit and Risk Management Committee will assume joint responsibility with the CEO in the appointment and dismissal of the Chief Audit Executive.
- 9.2.9 Review and monitor the quality, effectiveness and objectivity of internal audit.
- 9.2.10 The Audit and Risk Management Committee's responsibilities do not extend to the administration of day-to-day activities of Internal Audit Branch. This is a function which is carried out by the CEO.

9.3. Financial Statements

- 9.3.1 Review the appropriateness of accounting policies adopted by Council and ensure the accounting policies adopted are relevant to Council and its specific circumstances.
- 9.3.2 Review the appropriateness of significant assumptions and judgments made by management particularly around estimations which impact on reported amounts of assets, liabilities, income and expenses in the financial statements.
- 9.3.3 Review the financial statements for compliance with prescribed accounting and other requirements.
- 9.3.4 Review, with management and the external auditors, the results of the external audit and any significant issues identified.
- 9.3.5 Analyse the Council's financial performance and financial position and seek explanation for significant trends or variations from budget or forecasts.
- 9.3.6 Ensure that assurance with respect to the accuracy and completeness of the financial statements is given by management.
- 9.3.7 Recommend approval of the Financial Statements (including sustainability ratios) to the CEO and Mayor.
- 9.3.8 Review the final draft financial statements prior to its approval by Council, taking on board any external audit comments. In particular the review should focus on but not limited to:
 - (i) significant changes in accounting policies and practices
 - (ii) major judgmental areas
 - (iii) significant audit adjustments
 - (iv) proposed departures from accounting standards

9.4 Risk Management

- 9.4.1 Provide oversight of the embedding of risk culture in policy setting, projects, programs and operating activities.
- 9.4.2 Review the risk management framework for identifying, escalating, monitoring and managing significant enterprise risks, including fraud.



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- 9.4.3 Assess the impact of the Council's risk management framework on its control environment and satisfy itself that the insurance arrangements are appropriate.
- 9.4.4 Assess and contribute to the audit planning processes relating to the risks and threats to Council.
- 9.4.5 Determine whether a sound and effective approach has been followed in establishing the Council's business continuity planning arrangements, including whether business continuity and disaster recovery plans have been periodically updated and tested.
- 9.4.6 Monitor whether the risk management framework/program is receiving support from all levels of management.

9.5 Fraud and Corruption Control

- 9.5.1 Review the process of developing and implementing the Council's fraud control arrangements and satisfy itself that Council has appropriate processes and systems in place to identify fraud and corruption risks as well as to detect, capture and effectively respond to fraud-related information.
- 9.5.2 Review reports on fraud that outline any identified allegations of fraud, the status of any ongoing investigations and any changes to identified fraud risk in Council.

9.6 Internal Control Framework

- 9.6.1 Provide oversight of the adequacy of management review of the internal control environment, structure and systems, including information technology security and control.
- 9.6.2 Provide oversight whether management is maintaining up-to-date, relevant policies and procedures and is in compliance, including those for the management and exercise of delegations.
- 9.6.3 Report any significant control deficiencies to Council.

9.7 Compliance

- 9.7.1 Determine whether management has considered legal and compliance risks as part of Council's risk assessment and management arrangements.
- 9.7.2 Review the effectiveness of the system for monitoring Council's compliance with relevant laws, regulations and policies including statutory regulations for any subsidiaries of Council.
- 9.7.3 Review the findings of any examinations by regulatory agencies, and any auditor observations.
- 9.7.4 Review the Council's Code of Conduct and recommend changes as appropriate.
- 9.7.5 Review policies and procedures relating to conflict of interest, misconduct, fraud and other related sensitive issues.

9.8 Other Matters

- 9.8.1 Determine whether Council is receiving reliable and timely management information.
- 9.8.2 Review the proposed Annual Report of Council.
- 9.8.3 Recommend special projects or investigations on any matter within its terms of reference.

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9.8.4 Consider any governance issues that arise out of the performance assessment of the Chief Executive Officer and General Managers.

10. MEETINGS, RECORDS AND REPORTING STRUCTURE

- 10.1 The Committee shall meet at least four times a year. The CEO with the Audit and Risk Management Committee's agreement will set the date, time and place for the meetings. Before setting the date, time and place for a Committee meeting, the CEO must, if practicable, consult with the Chairperson of the Committee. In addition, the CEO will call a meeting if requested to do so by any Committee member, or the internal or external auditors.
- 10.2 A quorum shall consist of three members, including two independent members at least one of which must be the Interim Administrator while active and subsequently two independent members. If there is a split vote by members on a resolution the Chairperson at the meeting may exercise a casting vote on the resolution.
- 10.3 The external auditors shall be given notice of all meetings and sent an agenda. The external auditors shall have the right to attend and speak.
- 10.4 The Committee Section shall prepare an agenda supported by necessary explanatory documentation and circulate it to the Audit and Risk Management Committee members, any other Council officer requested to attend and the external auditors, if practicable at least five (5) days before the day of the meeting. All others Councilors will have a standing invite to attend the Committee.
- 10.5 The Committee Section will provide secretarial functions to the meetings and prepare a Report of each meeting which will be provided to Audit and Risk Management Committee members and permanent attendees one week after the meeting, at the latest.
- 10.6 The Report of the Audit and Risk Management Committee meeting will be presented to the next meeting of the Council for its consideration.
- 10.7 The Committee Branch will provide relevant extracts of the Report, upon its adoption by Council, to relevant officers for information and action.
- 10.8 The Audit and Risk Management Committee may hold periodic private 'in camera'¹ meetings with the Chief Audit Executive and/or external audit without senior management being present through a formal process and included in the annual Audit and Risk Management Committee planner.

11. EDUCATION AND INDUCTION OF MEMBERS

- 14.1 New members to the Committee will be provided with induction material on their appointment to assist them to meet their Committee responsibilities to allow the members familiarise themselves with the environment and to facilitate their understanding of its principal operations and activities, corporate practices and culture.
- 14.2 Presentations to the Committee will be provided on key issues in Council such as transformation programs, strategic planning, legislative directions, procurement compliance and performance, governance success, information communications and related technology status, growth and development of the city, financial sustainability, infrastructure adequacy, asset management etc.



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12. MONITORING AND SELF EVALUATION

- 14.1 At least biennially, the Audit and Risk Management Committee will assess the performance and achievements of the Committee for the previous period and ensure that it is meeting its objectives efficiently and effectively.
- 14.2 Confirm biennially that all responsibilities outlined in this charter have been carried out.
- 14.3 Where this evaluation highlights a need for enhancements to the role, operational processes or membership of the Committee, the Chairperson should take action to ensure such enhancements are implemented.

13. REVIEW OF THE CHARTER

- 14.1 This Charter will be reviewed annually by the committee to ensure it remains consistent with the Committee's authority, objectives and responsibilities.

14. APPROVAL OF THE CHARTER

- 14.1 The Charter is endorsed by the Chair of the Committee and approved by Council.

15. DEFINITIONS

Accountability

The obligation of an individual or organization to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner.

Add Value

The internal audit activity adds value to the organization (and its stakeholders) when it provides objective and relevant assurance, and contributes to the effectiveness and efficiency of governance, risk management, and control processes.

Adequate Control

Present if management has planned and organized (designed) in a manner that provides reasonable assurance that the organization's risks have been managed effectively and that the organization's goals and objectives will be achieved efficiently and economically.

Assurance Services

An objective examination of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organization. Examples may include financial, performance, compliance, system security, and due diligence engagements.

Corrupt Conduct

Under the *Crime and Corruption Act 2001*, there are now two different types of corrupt conduct.

"Type A" corrupt conduct involves conduct that affects, or could affect, a public officer (an employee of a public sector agency) so that the performance of their functions or the exercise of their powers:

- is not honest or impartial, or
- knowingly or recklessly breaches public trust, or
- involves the misuse of agency-related information or material.



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Common examples of Type A corrupt conduct include fraud and theft, extortion, unauthorised release of information, obtaining or offering a secret commission and nepotism.

"Type B" corrupt conduct involves specific types of conduct that impair, or could impair, public confidence in public administration. This may include:

- collusive tendering, or
- fraud relating to an application for a licence, permit or other authority relating to public health or safety; the environment; or the State's natural, cultural, mining or energy resources, or
- dishonestly obtaining public funds or State assets, or
- evading a State tax, levy or duty or fraudulently causing a loss of State revenue, or
- fraudulently obtaining or retaining an appointment.

Both Type A and Type B corrupt conduct must be either a criminal offence or serious enough to warrant dismissal.

Council/Board

The highest level governing body (e.g., a board of directors, a supervisory board, or a board of governors or trustees) charged with the responsibility to direct and/or oversee the organization's activities and hold senior management accountable. Although governance arrangements vary among jurisdictions and sectors, typically the board includes members who are not part of management. If a board does not exist, the word "board" in the *Standards* refers to a group or person charged with governance of the organization. Furthermore, "board" in the *Standards* may refer to a committee or another body to which the governing body has delegated certain functions (e.g., an audit committee).

Charter

A formal document that defines the purpose, authority, and responsibility. The charter establishes the activity's position within the organization; authorizes access to records, personnel, and physical properties relevant to the performance of engagements; and defines the scope of activities.

Chief Audit Executive

Chief Audit Executive describes the role of a person in a senior position responsible for effectively managing the internal audit activity in accordance with the internal audit charter and the mandatory elements of the International Professional Practices Framework. The chief audit executive or others reporting to the chief audit executive will have appropriate professional certifications and qualifications.

Compliance

Adherence to policies, plans, procedures, laws, regulations, contracts, or other requirements.

Conflict of Interest

Any relationship that is, or appears to be, not in the best interest of the organization. A conflict of interest would prejudice an individual's ability to perform his or her duties and responsibilities objectively.



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Consulting Services

Advisory and related client service activities, the nature and scope of which are agreed with the client, are intended to add value and improve an organization's governance, risk management, and control processes without the internal auditor assuming management responsibility. Examples include counsel, advice, facilitation, and training.

Control

Any action taken by management, the board, and other parties to manage risk and increase the likelihood that established objectives and goals will be achieved. Management plans, organizes, and directs the performance of sufficient actions to provide reasonable assurance that objectives and goals will be achieved.

Control Environment

The attitude and actions of the board and management regarding the importance of control within the organization. The control environment provides the discipline and structure for the achievement of the primary objectives of the system of internal control. The control environment includes the following elements:

- Integrity and ethical values.
- Management's philosophy and operating style.
- Organizational structure.
- Assignment of authority and responsibility.
- Human resource policies and practices.
- Competence of personnel.

Control Processes

The policies, procedures (both manual and automated), and activities that are part of a control framework, designed and operated to ensure that risks are contained within the level that an organization is willing to accept.

External Service Provider

A person or firm outside of the organization that has special knowledge, skill, and experience in a particular discipline.

Fraud

Any illegal act characterized by deceit, concealment, or violation of trust. These acts are not dependent upon the threat of violence or physical force. Frauds are perpetrated by parties and organizations to obtain money, property, or services; to avoid payment or loss of services; or to secure personal or business advantage.

Governance

The combination of processes and structures implemented by the board to inform, direct, manage, and monitor the activities of the organization toward the achievement of its objectives.

Impairment

Impairment to organizational independence and individual objectivity may include personal conflict of interest, scope limitations, restrictions on access to records, personnel, and properties, and resource limitations (funding).



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Independence

The freedom from conditions that threaten the ability of the activity to carry out responsibilities in an unbiased manner.

Information Technology Controls

Controls that support business management and governance as well as provide general and technical controls over information technology infrastructures such as applications, information, infrastructure, and people.

Internal Audit Activity

A department, division, team of consultants, or other practitioner(s) that provides independent, objective assurance and consulting services designed to add value and improve an organization's operations. The internal audit activity helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes.

International Professional Practices Framework

The conceptual framework that organizes the authoritative guidance promulgated by The IIA. Authoritative guidance is composed of two categories – (1) mandatory and (2) recommended.

Must

The *Standards* use the word “must” to specify an unconditional requirement.

Objectivity

An unbiased mental attitude that allows internal auditors to perform engagements in such a manner that they believe in their work product and that no quality compromises are made. Objectivity requires that internal auditors do not subordinate their judgment on audit matters to others.

Overall Opinion

The rating, conclusion, and/or other description of results provided by the chief audit executive addressing, at a broad level, governance, risk management, and/or control processes of the organization. An overall opinion is the professional judgment of the chief audit executive based on the results of a number of individual engagements and other activities for a specific time interval.

Risk

The possibility of an event occurring that will have an impact on the achievement of objectives. Risk is measured in terms of impact and likelihood.

Risk Appetite

The level of risk that an organization is willing to accept.

Risk Management

A process to identify, assess, manage, and control potential events or situations to provide reasonable assurance regarding the achievement of the organization's objectives.

Should

The *Standards* use the word “should” where conformance is expected unless, when applying professional judgment, circumstances justify deviation.



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Significance

The relative importance of a matter within the context in which it is being considered, including quantitative and qualitative factors, such as magnitude, nature, effect, relevance, and impact. Professional judgment assists internal auditors when evaluating the significance of matters within the context of the relevant objectives.

Standard

A professional pronouncement promulgated by the International Internal Audit Standards Board that delineates the requirements for performing a broad range of internal audit activities and for evaluating internal audit performance.

Technology-based Audit Techniques

Any automated audit tool, such as generalized audit software, test data generators, computerized audit programs, specialized audit utilities, and computer-assisted audit techniques (CAATs).

16. POLICY OWNER

The Chairperson is the Charter owner and the Chief Audit Executive is responsible for authoring and reviewing this Charter.

Doc ID No: A5869240

ITEM: 6
SUBJECT: INSURANCE AND RISK UPDATE
AUTHOR: CORPORATE GOVERNANCE MANAGER
DATE: 29 OCTOBER 2019

EXECUTIVE SUMMARY

This is a report concerning Council's Insurance statistics for the period 1 July 2019 to 30 September 2019 and the implementation status of Transformational Project #7 Risk Management Framework (TP#7).

RECOMMENDATION/S

That the report be received and the contents noted.

RELATED PARTIES

Related parties to this report include:

All members of ELT, Risk and Government Steering Committee Members, Council's third level Managers, Risk Management Coordinator, Senior Insurance Officer and the Corporate Governance Manager. There are no perceived conflict of interest issues regarding this report.

ADVANCE IPSWICH THEME

Listening, leading and financial management

PURPOSE OF REPORT/BACKGROUND

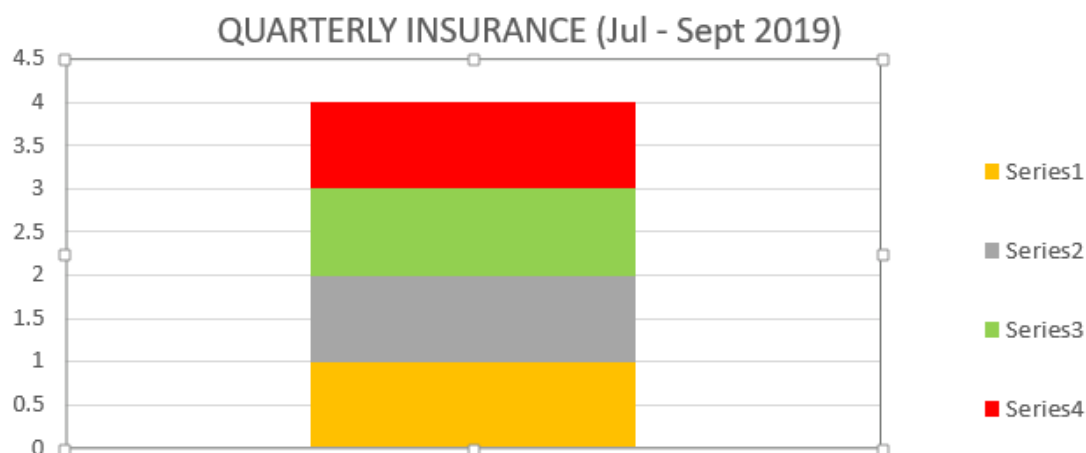
To inform the Committee of:

1. Corporate Insurance Statistics for the Quarter
2. Status of Transformational Project No. 7 Risk Management

1. Corporate Insurance Statistics for the period 1 July 2019 to 30 September 2019

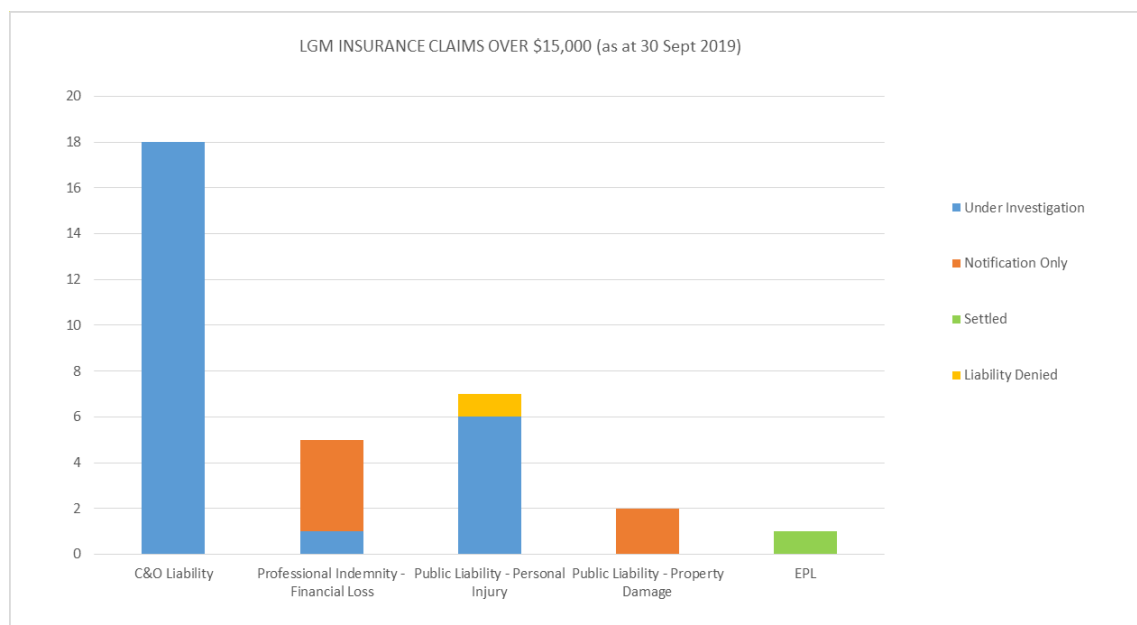
The following table and graph provide a high-level snapshot of insurance claims for the period (refer Attachment 1 for detail):

QUARTERLY REPORTING INSURANCE - Jul to Sept 2019	Pending	Not Progressed	Accepted	Denied	TOTAL
INSURANCE CLAIMS <\$7,500	5		6	7	18
MOTOR VEHICLE CLAIMS (MV) <\$1,500		2	5		7
MOTOR VEHICLE CLAIMS (MV) >\$1,500	5				5
LGM INSURANCE CLAIMS (JLTA)	3				3
EMPLOYEE PRACTICES LIABILITY (EPL)	1				1
TOTAL	14	2	11	7	34



The following table and graph provide a high-level snapshot of LGM Insurance Claims Over \$15,000 for the period. For details of claims received during the Quarter refer Attachment 2.

LGM Insurance Claim Description	Liability Denied	Under Investigation	Settled	Report Only	Grand Total
C&O Liability		18			18
Professional Indemnity - Financial Loss		2		4	6
Public Liability - Personal Injury	1	6			7
Public Liability - Property Damage				1	1
Employee Practices Liability - EPL			1		1
Professional Indemnity - Property Damage				1	1
Grand Total	1	26	1	6	34



2. Status of Transformational Project No. 7 Risk Management Framework (TP#7)

The purpose of the TP#7 project is to develop a better practice and consistent whole of Council approach to Enterprise Risk Management (ERM) in order to proactively identify, manage and respond to issues that represent risks to achieving Council's strategic objectives.

The project consists of five (5) subprojects:

1. Enterprise Risk Management Program (ERM Program)
2. Fraud and Corruption Control Program (FCCP)
3. Good Decision making and Ethics Principles
4. Business Continuity Planning (BCP)
5. Project Risk Management Model

SUBPROJECT UPDATES AS AT 28 OCTOBER 2019:

1. Enterprise Risk Management Program (ERM Program)

Risk Management Policy and Framework

The Risk Management Framework (the Framework), Policy, Procedure and Administrative Directive was endorsed by ELT on 24 October 2019. The Framework has been written to ensure all members of the organisation can understand the purpose of the Framework and that:

- Council has in place transparent and responsible enterprise-wide risk management processes which align with best practice;
- Risks and opportunities inherent in the provision of Council services to the Ipswich Community are managed in a prudent manner;

- Council activities are conducted so as to ensure compliance with the relevant Acts, Regulations, Codes and Standards;
- Council workers are aware of and effectively exercise their risk management responsibilities;
- Adequate risk management information, training and supervision are provided to all workers, contractors, consultants, committees and volunteers;
- Council activities are clearly linked to and support one or more of the strategic objectives outlined in the Corporate and Operational Plans;
- Council maintains Corporate and Departmental risk registers.

It is acknowledged that research revealed some organisations adopt in-depth Enterprise Risk Management Frameworks. However, after discussions with the project team and advice from Price Waterhouse and Cooper (PWC) the project team believed a more succinct framework document was more appropriate for the current Enterprise Risk Management culture of the organisation.

The Framework will be reviewed in accordance with Council's Policy Review Timetable and, as the organisation's understanding of Enterprise Risk Management, grows the Framework can be amended to provide more comprehensive information. The Framework should be considered a living document.

Corporate Risk Registers

The Corporate Risk Register has been approved by the CEO. Each risk has had a General Manager allocated as the risk owner (with three risks having two GM's as the risk owner). The next step (which will be undertaken as a BAU activity) during October and November 2019 is to review the risk descriptions, the causes, the impacts, likelihood and consequence rating and develop action plans for the eight risks which are the primary area of focus for review at the November workshop with ELT/IMC and second round Departmental Workshops.

Departmental Risk Registers

The five Departmental Risk Registers have been created. Going forward, further review of the registers will be undertaken as a BAU activity by Corporate Governance. Meetings are being held with the GM's during the last week of September and first week of October 2019. To review the risks, allocate a Branch Manager as the risk owner to the relevant risks. Then during October and November 2019 review of the risk descriptions, the causes, the impacts, likelihood and consequence rating and development of action plans for the risks which are the primary area of focus for each Department at the November/December Departmental workshops with the GM's and Branch Managers.

General Managers have been asked to determine if Risk Registers should be developed at the Branch Level and advised that the Corporate Risk Coordinator would be able to facilitate such workshops and provide advice on determining controls etc.

Following endorsement of the Enterprise Risk Management documents by the Steering Committee, adoption of the Framework by Council, the Corporate Risk Register and Departmental Risk Registers will be finalised during November/December 2019.

Risk Appetite

Price, Waterhouse and Cooper (PWC) still developing a Risk Appetite Statement for Council. after consultation and discussion with ICC it has been decided that the Statement will not be finalised until early in the new year after the next round of Risk Workshops (Nov/Dec 2019) and be finalised prior to the return of elected representatives.

Reporting

PWC have provided "draft" templates for reporting. The Project Team is still progressing the reporting timeframes and reporting templates with the TP#1 project team.

Risk Management Training

PWC have provided a Risk Management Training pack which will be used and included in the Induction training for all new staff. In the longer term risk management training will be developed, a Learning and Development Request Form was submitted at the end of August 2019 to the Transformational Project Coordination Team.

2. Fraud and Corruption Control Program (FCCP)

A Draft FCCP report was received from PWC in early October 2019. The Risk Management Coordinator met with the Chief Executive Officer (CEO) and discussed the detail contained in the report in relation to PWC's:

- Review of Council's current Fraud and Corruption Framework
- Outcome of maturity assessment of the current fraud and control practices as either 'Reactive' or 'Foundation' against the AS8001-2008 element and benchmarks of:
 - Planning and Resourcing
 - Fraud and corruption control planning
 - Review of the fraud and corruption control plan
 - Fraud and corruption control resources
 - Internal audit activity in the control of fraud and corruption
 - Prevention
 - Implementing and maintain an integrity framework
 - Senior Management commitment to controlling the risk of fraud and corruption
 - Line Management accountability
 - Internal control
 - Assessing Fraud and corruption risk
 - Communication and awareness
 - Employment screening
 - Supplier and customer vetting

- Controlling the risk of corruption
- Detection
 - Implementing a fraud and corruption detection program
 - Role of the external auditor in detection of fraud
 - Avenues for reporting suspected incidents
 - Whistleblower Protection program
- Response
 - Policies and procedures
 - Investigation
 - Internal reporting and escalation
 - Disciplinary procedures
 - External reporting
 - Civil action for recovery of losses – policy for recover action
 - Review of internal controls
 - Insurance
- Identified strengths of the current Framework
- Recommended improvements as identified against the above Elements

The CEO requested the RMC undertake research with other local authorities to identify their FCCPs and prepare a report on a proposed way forward to adopt the draft PWC's FCCP.

Fraud and Corruption Risk Register

The current Fraud and Corruption Risk Register is scheduled for review and update in November 2019.

Establishment of a Fraud and Control Committee

Pending endorsement by ELT of FCCP, discussions will be undertaken with the CEO and IA to determine membership of the Fraud and Control Committee.

Reporting

PWC are now preparing draft report templates for the consideration of the Project Team. ELT will be provided the opportunity to review and discuss the templates and endorse the proposed report regime.

3. Good Decision making and Ethics principles

Due to unforeseen staff absence, work has not progressed on sub-project as planned. The Officer was scheduled to return to work on Monday 21 October but is again on unplanned leave. The project schedule for this sub-project will be reviewed and new deliverable dates approved by the Risk and Governance Steering Committee.

4. Business Continuity Planning

The following key deliverables are not completed and operationalised as Business as Usual (BAU):

- Business Continuity Management (BCM) Administrative Directive
- BCM Framework
- Business Continuity Plan (BCP) Template
- Business Impact Analysis (BIA)

Develop organisational BCPs

The following documents have been endorsed and operationalised:

- ICC Business Continuity Plan
- ICC Property Response Plan
- ICC People and Culture Plan
- ICC Media and Communications Response Plan
- ICC ICT Incident Management Directive

The documents are available on the E-Hub and have been made available to ELT members on a USB stick. ICT Disaster Plan will be progressed over the next few months and transitioned to BAU for the RMC in January 2020.

5. Project Risk Management Model (PRM Model).

The PRM Model is now finalised and operationalised. The PRM Model outlines the requirement for a consistent approach to Project Risk Management within Council to ensure the ability of projects to succeed. It provides guidance and direction based on the Council ERMF and its principles. The document allows officers with limited experience to be able to develop meaningful Project Risk Management Plans and populate Risk Registers.

LEGAL/POLICY BASIS

In managing risk and insurance for the organisation Council officers perform their duties in keeping with the Local Government Principles of:

- transparent and effective processes, and decision-making in the public interest;
- good governance of, and by, local government; and
- ethical and legal behaviour of Councillors and local government employees

The following table outlines the relevant legislation and the administrative functions and services provided by the Section:

Relevant Legislation	Corporate Services Section Functions and Services Provided
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Relevant Legislation	Corporate Services Section Functions and Services Provided
<p><i>Local Government Act 2009</i> <i>Local Government Regulation 2012</i> AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines</p>	<p>Manage and coordinate:</p> <ul style="list-style-type: none"> • the implementation of Council’s Risk Management Framework • public liability claims from external customers • public liability claims for Councillors and staff • negotiate (within Delegated Authority), on behalf of Council any insurance resolutions • the insurance of Council assets including but not limited to Council buildings, machinery and equipment, park infrastructure, swimming pools, sports centres, club houses, fleet vehicles, etc. • the renewal of Council insurance policies (excluding Workers Compensation) • the provision of expert insurance and risk advice to both external and internal stakeholders • recover costs from damaged made by third parties to Council assets

RISK MANAGEMENT IMPLICATIONS

It is essential that TP#7 Risk Management be successfully implemented and that risk management is embedded in the organisation. The management of corporate risks lies with the CEO and all General Managers, with department risk management the responsibility of the respective General Manager. The Corporate Governance Section and the Risk Management Coordinator can provide the necessary framework, policy, procedures, advice etc., but successful risk management will only be achieved if senior management takes responsibility for managing the risk and fraud registers, implements appropriate controls and leads the organisation in developing a strong risk management culture and increasing the organisation’s risk management capabilities.

FINANCIAL/RESOURCE IMPLICATIONS

TP#7 has a financial year (FY) budget of \$87,000. FY actuals and commitments to date (costs incurred with engagement of PWC) total \$176,437. The current FY forecast is \$204,000 resulting in a variance of \$166,600. The project budget is monitored by the Project Lead and by the TPCT.

COMMUNITY AND OTHER CONSULTATION

This report did not require community engagement.

CONCLUSION

Council has, for some time, needed to implement a better practice Risk Management Framework and to increase the culture and capability of the organisation to manage risk efficiently and effectively. With the successful delivery of TP#07 Risk Management Framework, Council is positioning itself be an exemplar Council in the management of Risk and Insurance

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

	CONFIDENTIAL
1.	Insurance Claims for the Period 1 July to 30 September 2019
2.	LGM Insurance Claims Over \$15,000 for the period

Angela Harms

CORPORATE GOVERNANCE MANAGER

I concur with the recommendations contained in this report.

Andrew Knight

GENERAL MANAGER - CORPORATE SERVICES

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Doc ID No: A5869344

ITEM: 7

SUBJECT: CORPORATE GOVERNANCE SECTION'S PERFORMANCE IN RELATION TO
LEGISLATIVE COMPLIANCE

AUTHOR: CORPORATE GOVERNANCE MANAGER

DATE: 29 OCTOBER 2019

EXECUTIVE SUMMARY

This is a report concerning the performance of the Corporate Governance Section (the Section) in relation to managing Council's legislative compliance in the management of Complaints, Right to Information and Information Privacy functions for the period 1 July 2019 to 30 September 2019 (the Quarter).

RECOMMENDATION/S

That the report be received and the contents noted.

RELATED PARTIES

There are no related parties.

ADVANCE IPSWICH THEME LINKAGE

Listening, leading and financial management

PURPOSE OF REPORT/BACKGROUND

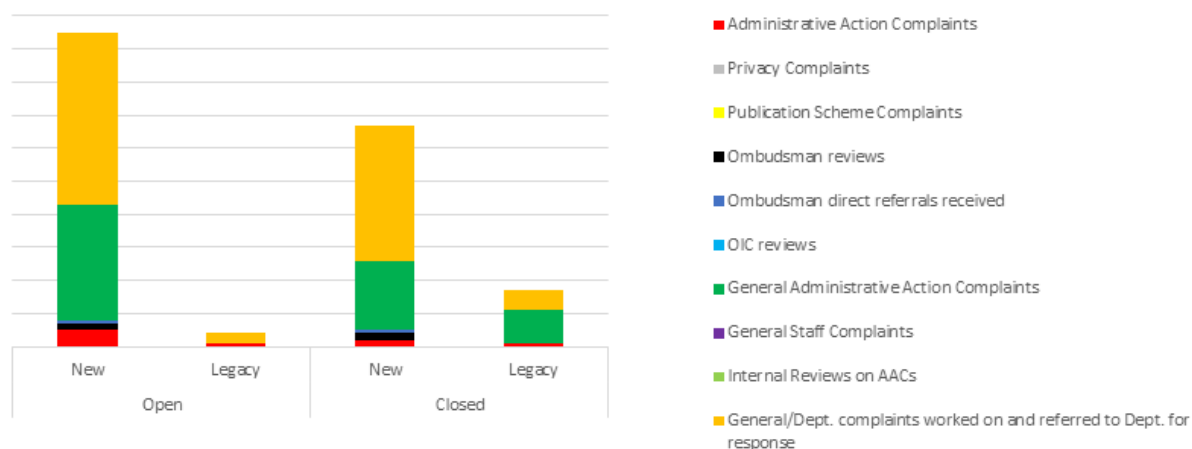
To inform the Committee on how the Section has performed and managed the below functions for the Quarter:

- Management of Complaints
- Management of Right to Information and Information Privacy Applications
- Delivery of Transformational TP#06 Complaints Management Framework

1. Management of Complaints

The below graph and table provide details of the management of all complaint types for the Quarter:

Complaint Type	Open		Closed	
	New	Legacy	New	Legacy
Administrative Action Complaints	5	1	2	1
Privacy Complaints	0	0	0	0
Publication Scheme Complaints	0	0	0	0
Ombudsman reviews	2	0	2	0
Ombudsman direct referrals received	1	0	1	0
OIC reviews	0	0	0	0
General Administrative Action Complaints	35	0	21	10
General Staff Complaints	0	0	0	0
Internal Reviews on AACs	0	0	0	0
General/Dept. complaints worked on and referred to Dept. for response	52	3	41	6



Figures for infringement review for the period July 2019 – 30 September 2019

- 999 CES Requests for infringement notices (these requests vary and also included waiving a PIN)
- 887 PATHWAY requests received specifically requesting a PIN be waived – 706 PINs waived and 181 upheld

These figures are not indicative of Q1- 2019-2020, matters from previous reporting periods are carried over into this reporting period and current figures will likely carry forward to the subsequent reporting period due to PINS being placed on hold during review periods.

Significant increase in General/Dept. complaints worked on and referred to Departments for response in this reporting period. This is indicative of the soft roll out of the Complaints Management Unit (CMU) and the business engaging in the new Complaints Management Framework. It is anticipated that there will be another notable increase in all General complaint types in the next reporting period, after the CMU has gone live on 18 November 2019.

A rise in General Administrative Action complaints is noted and again would be indicative of the soft roll out of the CMU.

A slight decrease in Administrative Action Complaints received in this period indicates success in the internal review process. More advice being sought by operational areas when drafting responses and the provision of template responses to the business areas means that responses are customer centric with the language used being understood by customers.

There were no requests for Internal Reviews on Administrative Action Complaints in this period. This will be monitored in future reporting periods. Initial indicators are that the new review process and changes to customer responses having a stronger customer focus may be the drivers here. Monitoring of different processing stages (reviews) will also be undertaken to ensure the efficiency of the new Framework and ensuing processes in complaints management.

The percentage of cases closed (new and legacy) has increased. It is anticipated this will continue to improve when the CMU is fully resourced.

2. Management of Right to Information and Information Privacy Applications

Council did not receive any Information Privacy Applications for the quarter. The below table provides details of the management of all RTI Applications for the Quarter:

	July	August	September
RTI Applications Received	1	1	2
RTI Applications completed/closed	1	2	1
IP applications Received	0	1	3
IP applications completed/closed	0	0	1

All RTI Applications were processed in accordance with legislative requirements, Council Policy and Procedures.

3. Status of the Transformational Projects which impact the Integrity and Governance Section's management of complaints and RTI/IP applications

3.1 TP#6 Complaints Management Framework

The purpose of the project is to ensure a better practice, legislatively compliant and transparent whole of Council approach to:

- formal complaints made against Council as a result of dissatisfaction with services provided or a failure to provide a service; and
- complaints and reports of wrongdoing against council or staff, including allegations of fraud, corrupt conduct and public interest disclosures.

The project has progressed throughout the Quarter and current status and activities planned for the next period are shown below:

Key Deliverable	Progress achieved this period	Activities planned for next period
Complaints Management Policy & procedure	Policy and Procedure nearly finalised at which point the documents will need to be endorsed by ELT, Risk and Governance Steering Committee and the Policy formally adopted by Council and the Procedure approved by the CEO. Comms have been drafted for the WIRE to ensure staff are aware amendments made to Policy and Procedure. This advice will also be included in meetings to be held with operational business teams.	Post adoption put up comms on WIRE.
Unreasonable Complaint Conduct (UCC) Policy and Manual	Comms prepared for the WIRE for staff to ensure awareness. Discussions have been held with CCED who are drafting a policy entitled Unreasonable Customer Conduct. It has been identified the CCED Policy could potentially cause confusion with staff as to which policy to use with customers displaying bad behaviour. Conversation and agreement with CCED Policy staff to change the name of their Policy.	Both Policies to go out to business areas for feedback prior to ELT and Steering Committee endorsement and adoption by Council. Tool box talks to be undertaken with operational teams to ensure staff understanding their responsibilities for managing UCC.
Meet with Department GMs and Level 3 Managers	Presentations at operational team meetings to discuss rollout of CMU continued during the period. Presentations focused on the benefits the CMU will provide their business areas and how Councillor received complaints will be managed. Presentations have been well received. A handout on the CMU and responsibilities of operational staff has been developed to support presentations. These will be delivered to relevant staff prior to go live date. Positive feedback has been received thus far from soft roll out. Appears a general acceptance on new Complaints Management Framework and CMU.	Post go live date 11 November - GMs and Level 3 Managers will be consulted for feedback on how the new Complaints Management Framework is impacting/benefitting their areas.
Develop comms to support process	Comms finalised with the inclusion of Go Live date. Comms discussing changes to internal review process for infringement notices has included in "In Touch" magazine being posted to Wire next week.	Proposed roll out date has been changed from 21 October to 11 November to accommodate the recruitment process for roles in CMU to be filled before roll out.
Supporting procedures and scripting	Procedures and scripting will continue to be worked on to meet deliverable time frame	Procedures and scripting will continue to be worked on to meet deliverable time frame
Develop supporting	To be commenced	Development of supporting templates will be commenced during period

Key Deliverable	Progress achieved this period	Activities planned for next period
templates		
Rollout of web content	Currently sitting with Marketing Manager and linked to web page amendments for TP#13 Return to Elected Representation.	Once format of web content is approved, progress to roll out. Review efficiency of web content (on line lodgement for complaints) by monitoring reporting on source of complaint.
On boarding of required governance resources to support Complaints function	Interviews for Customer Liaison Officer is complete. Awaiting final sign off from Andrew Knight on 21 Oct before advising successful candidate. Interviews for project officer role are on Monday 21 October. Anticipating on boarding of both resources to be completed prior to go live date 11 November	Development of training of resources
Reporting	Ongoing consultation with operational areas to establish what reports they require. Once known reports will be built to accommodate business reporting needs.	Confirming Objective can capture the complaints information and produce required reports. Liaison with Objective representatives has revealed reporting requirements are possible. May need to undertake some configuration changes to Objective. Working with ICT staff to progress.

The following Project Risks and Issues have been identified and appropriate mitigation and actions put in place. Risks and Issues will continue to be reviewed monthly by the Project Lead throughout the life of the Project.

Risk Description	Risk Mitigation/s	Initial Severity	Mitigated Severity
Lack of acceptance of Complaints Framework will result in: <ul style="list-style-type: none"> • siloed approaches to managing complaints across the organisation • no centralised repository of related information • inability to make informed changes to business processes based on complaint data • inability to effectively communicate with customers regarding delays or changes in service • legislative non-compliance 	<ul style="list-style-type: none"> • Creation of Complaints Management Unit (CMU) to be centralised unit for complaints management within Council • Better practice for recording and reporting on all complaints and provision of advice to business to drive performance improvements • Better practice in monitoring of timeframes and resolutions received for complaints 	M	M
Objective system may not be able to be configured as per ICC requirements resulting in inability to produce suitable and sufficient reporting to support the monitoring of the Complaints Management	Increase functionality in Objective (through the purchase or creation of other modules) to allow for effective reporting. This includes the creation of metadata fields that are relevant to capturing complaints management data.	H	M

Process			
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The project's budget has been monitored throughout the period. Actuals and commitments reflect training costs when engaging the Office of the Information Commissioner in PID Awareness and Managing Organisational Risk.

FY Budget	FY Actuals & Commitments to Date	FY Forecast	FY Variance
\$0	\$17 627	\$50 000	\$50 000

FINANCIAL/RESOURCE IMPLICATIONS

There are no financial/resource implications.

RISK MANAGEMENT IMPLICATIONS

The greatest risk to the organisation is the lack of awareness by staff of their responsibilities under Council's Complaint Management Framework, the Public Record Act, and RTI and IP Acts. All outside staff have attended Public Records Act, RTI Act and IP Act Training delivered by the TP#6 Project Lead. Internal staff have undertaken Office of the Information Commissioner RTI and IP Training and Queensland State Archives Records Challenge Training online via E-Hub. Training in Records, RTI and IP Act obligations and responsibilities is now a component of induction training and will be incorporated into annual refresher training for all staff.

Council has an obligation under the RTI and IP Acts to work towards open proactive disclosure, administrative access and information sharing (the "push model"). The Section will engage a consultant in early 2020 to develop a 12 month project plan using the recent organisational 'scorecard' developed by the Office of the Information Commission (OIC). The aim of the project plan will be to improve the organisation's implementation of the "push model" and hopefully increase our scorecard results for the next OIC assessment. The project plan will be delivered by the Section as BAU.

LEGAL/POLICY BASIS

The following table outlines the relevant legislation and the administrative functions and services provided by the Branch:

Relevant Legislation	Integrity and Governance Team Administrative Functions and Services Provided
<i>Local Government Act 2009</i> and <i>Local Government Regulation 2012</i>	Management complaint types: <ul style="list-style-type: none"> • Administrative Action Complaints and Internal Reviews • Privacy Complaints

Relevant Legislation	Integrity and Governance Team Administrative Functions and Services Provided
	<ul style="list-style-type: none"> • Publication Scheme Complaints • Ombudsman Review of Complaint Management • Ombudsman Direct Referral of Complaints • Office of Information Commission (OIC) Complaint Reviews • Operational i.e. General Department complaints referred to relevant Council Depart./Branch for resolution
<i>Right to Information Act 2006</i>	Management of Right to Information Applications for: <ul style="list-style-type: none"> • access to information that is not administratively available • internal review of a reviewable decision
<i>Information Privacy Act 2006</i>	Management of Information Privacy Applications: <ul style="list-style-type: none"> • for personal information • to amend personal information or • to investigate complaints of privacy breaches • internal review of a reviewable decision

COMMUNITY and OTHER CONSULTATION

This report did not require community engagement.

CONCLUSION

The Integrity and Governance Section has performed its responsibilities and obligations in relation to maintaining Council's compliance with the *Local Government Act, Local Government Regulation, Right to Information Act and Information Privacy Act* for the previous Quarter.

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

1.	CONFIDENTIAL Complaints for the quarter
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Angela Harms

CORPORATE GOVERNANCE MANAGER

I concur with the recommendations contained in this report.

Andrew Knight

GENERAL MANAGER - CORPORATE SERVICES

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Doc ID No: A5864065

ITEM: 8
SUBJECT: INTERNAL AUDIT CHARTER REVIEW
AUTHOR: CHIEF AUDIT EXECUTIVE
DATE: 25 OCTOBER 2019

EXECUTIVE SUMMARY

This is a report concerning a proposed update of the Internal Audit Charter. The Charter was reviewed and discussed at the Risk Management Committee Strategy Meeting held on 24 October 2019.

RECOMMENDATION/S

That the proposed Internal Audit Charter as detailed in Attachment 2 be adopted.

RELATED PARTIES

Not applicable

ADVANCE IPSWICH THEME

The intention is for the Internal Audit activity to support all five themes:

Strengthening our local economy and building prosperity

Managing growth and delivering key infrastructure

Caring for the community

Caring for the environment

Listening, leading and financial management

Individual internal audits and corrupt conduct investigations will to a varying degree support these themes, but the main objective for Internal Audit is to support the organisation in achieving its objectives.

PURPOSE OF REPORT/BACKGROUND

The purpose of this activity is to regularly review and updated the Internal Audit Charter in line with better practice and The International Professional Practices Framework (IPPF) for Internal Auditors.

LEGAL/POLICY BASIS

This report and its recommendations are consistent with the following legislative provisions:

Local Government Act 2009
Local Government Regulation 2012
Crime and Corruption Act 2001

RISK MANAGEMENT IMPLICATIONS

The Internal Audit Charter as a whole guides the activities of internal audit to minimise and control the risks the activity faces. Each of the individual reports provides for a control environment opinion as well as individual risk ratings per individual findings and recommendations. The importance is for management to implement the individual recommendations well to either address or diminish the exposure for Council, or explain why it is acceptable to not implement the suggested improvements. As per the corrupt conduct investigation the findings and risks vary in each situation and are discussed in the confidential reports. Having said that the key risks are still that the information might not be well presented, well understood or do not generate an appropriate response.

FINANCIAL/RESOURCE IMPLICATIONS

Resources are provided to internal audit through the annual audit plan and budgeting processes. No additional resources are required because of this report. However situations will dictate if internal audits and investigations have to be outsourced and also management will have to consider the financial implications to implement the recommendations as per the individual reports.

COMMUNITY AND OTHER CONSULTATION

Internal Audit mostly consults internally to the organisation and its management in conducting the internal audits and finalising the reports. For investigations the appropriate consultations take place as the situation allows and requires.

For this purpose the members and attendees of the Audit and Risk Management Committee were consulted in updating this charter.

CONCLUSION

The Internal Audit Charter is an important document to guide internal audit activities and to safeguard Council as a whole.

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

	CONFIDENTIAL
1.	Current Internal Audit Charter as at 16 October 2018
2.	Proposed Internal Audit Charter

Freddy Beck
CHIEF AUDIT EXECUTIVE

I concur with the recommendations contained in this report.

Freddy Beck
CHIEF AUDIT EXECUTIVE

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Doc ID No: A5865895

ITEM: 9

SUBJECT: INTERNAL AUDIT BRANCH ACTIVITIES REPORT FOR THE PERIOD 16 AUGUST 2019 TO 29 OCTOBER 2019

AUTHOR: CHIEF AUDIT EXECUTIVE

DATE: 29 OCTOBER 2019

EXECUTIVE SUMMARY

This is a report concerning the activities of Internal Audit undertaken since 16 August 2019 and the current status of these activities.

RECOMMENDATION/S

That the report be received, the contents noted and the recommendations in Attachments 3 and 4, be considered finalised and archived.

RELATED PARTIES

Not applicable

ADVANCE IPSWICH THEME LINKAGE

The intention is for the Internal Audit activity to support all five themes:

Strengthening our local economy and building prosperity

Managing growth and delivering key infrastructure

Caring for the community

Caring for the environment

Listening, leading and financial management

Individual internal audits and corrupt conduct investigations will to a varying degree support these themes, but the main objective for Internal Audit is to support the organisation in achieving its objectives.

PURPOSE OF REPORT/BACKGROUND

The purpose of this report is to keep the Audit and Risk Management Committee informed and to report on performance of the Internal Audit Branch:

- Report the status of the audits currently under way
- Summary of the activities of the Internal Audit Branch
- Annual Performance Report and Assertion on Internal Auditing Standards
- Report the status of the audit recommendations from completed audits

The supply of the information to the Mayor, the Chief Executive Officer and Audit and Risk Management Committee, is a requirement of the Internal Audit Charter.

Internal Audit Report Register (Attachment 1)

This is a historic register recording the reference number of formal reports produced, audits commenced, report status and date completed for the last number of years.

Audits, Reviews, Projects and Activities (Attachment 2)

This is a report on audits, reviews, projects and activities that were conducted during the period or in progress as at 29 October 2019.

Audit Recommendations (Attachments 3 and 4)

Extracted from the Audit Recommendations System, these reports list all Internal and External Audit recommendations (with management comments and responses) that managers advise have been implemented since the report made to the last Audit and Risk Management Committee meeting. This report is presented to the Audit and Risk Management Committee prior to the recommendations being finalised and/or archived.

FINANCIAL/RESOURCE IMPLICATIONS

Resources are provided to internal audit through the annual audit plan and budgeting processes. No additional resources were required because of this report. However situations will dictate if internal audits and investigations have to be outsourced and also management will have to consider their implications to implement the recommendations as per the individual reports.

RISK MANAGEMENT IMPLICATIONS

Each of the individual reports provides for a control environment opinion as well as individual risk ratings per individual findings and recommendations. The importance is for management to implement the individual recommendations well to either address or diminish the exposure for Council, or explain why it is acceptable to not implement the suggested improvements. As per the corrupt conduct investigation, the findings and risks vary in each situation and are discussed in the confidential reports. Having said that the key risks are still if the information is not well presented, well understood or does not generate an appropriate response.

LEGAL/POLICY BASIS

This report and its recommendations are consistent with the following legislative provisions:

Local Government Act 2009

Local Government Regulation 2012

Crime and Corruption Act 2001

COMMUNITY AND OTHER CONSULTATION



Internal Audit mostly consults internally to the organisation and its management in conducting the internal audits and finalising the reports. For investigations the appropriate consultations take place as the situation allows and requires.

CONCLUSION

During the period under review the Internal Audit Branch undertook a number of activities, including as listed in Attachment 2.

During the course of Internal Audit activities, contributions to the improvement of operational procedures, practices and the control environment have been achieved.

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

1.	Internal Audit Register  
	CONFIDENTIAL
2.	Internal Audit Activity Report
3.	Internal Audit Recommendations Implemented
4.	External Audit Recommendations Implemented

Freddy Beck

CHIEF AUDIT EXECUTIVE

I concur with the recommendations contained in this report.

Freddy Beck

CHIEF AUDIT EXECUTIVE

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Internal Audit Report Status

<u>2019/2020 Financial Year</u>			
Reference	Audit Name	Final Report	Finalised
A1819-01	Business Case Development	07/08/2019	
A1819-05	Credit Cards Framework – Allocation and Use	31/07/2019	
A1819-09	Infrastructure Services Capacity Review	25/07/2019	
A1819-11	Objective	21/10/2019	
A1819-12	Operations of Fleet and Plant	29/10/2019	
A1819-13	Penalty Infringement Process	25/07/2019	
A1920-01	Arrangements/Agreements/Leases (I&E non-construction)	In Progress	
A1920-06	Enterprise Resource Planning (ERP) Observation/Advice	In Progress	
A1920-08	Grants, Sponsorships and Donations Program	In Progress	
A1920-13	Payroll Transactions	In Progress	
A1920-16	Receipting, Cash Handling and Floats	In Progress	
A1920-17	Recruitment and Selection	In Progress	

<u>2018/2019 Financial Year</u>			
Reference	Audit Name	Final Report	Finalised
A1718-03	Community Lease Agreements	24/01/2019	
A1718-04	Construction Quality Verification	30/10/2018	30/10/2018
A1718-07	Design Certification	19/12/2018	03/07/2019
A1718-09	Environmental Plan Levy	25/07/2018	
A1718-10	ICT Managed Services Implementation	04/10/2018	04/10/2018
A1819-02	Civic Hall Safety and Security	03/06/2019	09/07/2019
A1819-07	Enterprise Resource Planning Observation/Advice	30/06/2019	30/06/2019
A1819-08	Fraud Prevention and Investigation Process	21/06/2019	21/06/2019
A1819-15	Pound Operations	27/06/2019	
A1819-18	Waste Business Management Systems	14/05/2019	22/07/2019

Item 9 / Attachment 1.

ICC Internal Audit Activities Report

ATTACHMENT 1

<u>2017/2018 Financial Year</u>			
Reference	Audit Name	Final Report	Finalised
A1617-05	Ethics	23/08/2017	05/06/2019
A1617-10	IT Security	10/11/2017	10/11/2017
A1617-14	Process of Communications Release	16/08/2017	31/07/2018
A1617-15	Procurement and Contract Management	15/08/2017	
A1617-17	Service Request Management	18/07/2017	
A1718-01	Arboriculture	20/04/2018	
A1718-08	Enterprise Resource Planning Observation/Advice	30/06/2018	30/06/2018
A1718-11	Immunisation Program	29/06/2018	
A1718-12	Line Marking and Signs	29/06/2018	14/08/2019
A1718-16	Residential Swimming Pools	16/11/2017	
A1718-17	Security and Safety Cameras	29/06/2018	
A1718-18	Waste Business Management Systems	20/04/2018	04/12/2018

<u>2016/2017 Financial Year</u>			
Reference	Audit Name	Final Report	Finalised
201602	Change Management IT	16/12/2016	16/05/2017
201603	Contributed Assets	19/09/2016	07/01/2019
201608	Governance of Controlled Entities	12/10/2016	07/08/2018
A1617-02	Data#3 (Compliance) ICT Managed Services - Probity	16/06/2017	16/06/2017
A1617-04	Enterprise Resource Planning (ERP) Observation/Advice	30/06/2017	30/06/2017
A1617-06	Fees and Charges (Revenue)	12/04/2017	07/12/2018
A1617-07	Fuel and Corporate Cards	02/06/2017	02/06/2017
A1617-08	Food Safety Program	12/04/2017	10/10/2017
A1617-09	Infrastructure Agreements	03/03/2017	16/05/2017
A1617-11	Library	27/03/2017	28/02/2018
A1617-12	Overtime and Allowances	30/01/2017	15/02/2017
A1617-13	Parks, Open Spaces and Playgrounds	28/10/2016	30/05/2018
A1617-18	SES	02/06/2017	
A1617-19	IWS Business Management System	03/03/2017	11/09/2017

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<u>2015/2016 Financial Year</u>			
Reference	Audit Name	Final Report	Finalised
201509	IT Security	07/09/2015	15/02/2017
201511	Privacy/Identity Management	02/02/2016	03/08/2016
201516	Social Media	16/07/2015	15/02/2017
201601	Business Process Reengineering and Benefits Realisation	18/01/2016	17/02/2016
201604	Enterprise Resource Planning (ERP) Observation/Advice	30/06/2016	03/08/2016
201605	Enterprise Risk Management (ERM)	29/04/2016	
201606	Fire Safety	23/05/2016	30/06/2017
201609	Independent Validation of Internal Audit Quality Self-Assessment	30/06/2016	
201610	Internal Audit Recommendations Implementation Follow-up	03/06/2016	03/08/2016
201611	Objective – Record Storage, Clarification and Retrieval	30/06/2016	03/08/2016
201613	Procurement (External Audit Recommendations)	23/03/2016	18/05/2016
201614	Program Management Process (IS) review new process	13/04/2016	18/05/2016
201618	Transport Corridor Planning	05/02/2016	18/05/2016
201619	IWS Management Systems Review	19/04/2016	03/08/2017

<u>2014/2015 Financial Year</u>			
Reference	Audit Name	Final Report	Finalised
201401	Animal Management	07/08/2014	17/02/2016
201402	Budget Management	08/01/2015	17/02/2016
201404	Cloud Computing	22/08/2014	22/10/2014
201405	Contract Management	25/09/2014	31/07/2018
201501	Abandoned Vehicles	17/10/2014	13/05/2015
201502	Appointment Process	15/04/2015	13/05/2015
201503	Asset Management – Strategic (WPR)	20/03/2015	17/02/2016
201504	Cemeteries	25/02/2015	
201505	Dealing with Children	07/11/2014	13/10/2016
201506	Enterprise Resource Planning (ERP) Observation/Advice	30/06/2015	05/08/2015
201508	IT Governance	16/06/2015	05/08/2015
201510	Parking Fines	27/05/2015	03/10/2007
201513	Purchase Card Industry – Data Security Standard	19/06/2015	03/08/2016

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<u>2014/2015 Financial Year</u>			
Reference	Audit Name	Final Report	Finalised
201514	Roads Rehabilitation Maintenance	19/06/2015	18/05/2016
201517	Transfer Station	11/06/2015	28/10/2015
201518	Workplace Health & Safety	20/03/2015	16/05/2017
201519	Ipswich Waste Services Management Systems Review	28/05/2015	05/08/2015
201520	Rates	21/05/2015	05/07/2017

<u>2013/2014 Financial Year</u>			
Reference	Audit Name	Final Report	Finalised
201303	Asset Management Tool and Software Capability	08/11/2013	22/10/2014
201311	Project Quality Management (Actual vs. Specified) (IS)	23/08/2013	21/05/2014
201312	Purchase Cards (Supervision)	09/08/2013	12/02/2014
201315	Task Performance Management (Absenteeism, Productivity) (WP&R)	19/12/2013	13/05/2015
201403	Business Activity Statement (BAS) Preparation	26/09/2013	21/05/2014
201406	ECM Records (Assessment of Pilot)	30/06/2014	12/08/2014
201407	Enterprise Resource Planning (ERP) Observation/Advice	30/06/2014	12/08/2014
201408	Flood Damage Management	06/11/2013	21/05/2014
201409	Investigation and Compliance (HS&RS)	26/09/2013	22/10/2014
201410	Internal Financial Control (C&CS)	19/12/2013	12/08/2014
201411	Phone Contract Management	05/02/2014	21/05/2014
201412	Plant Hire	15/05/2014	11/02/2015
201415	Security of Council Assets and People	18/02/2014	13/05/2015
201417	Tender Evaluation	01/05/2014	16/05/2017
201418	Waste Drivers Time and Attendance Recording	15/08/2013	11/02/2015
201419	Ipswich Waste Services Management Systems Review	05/02/2014	12/08/2014

<u>2012/2013 Financial Year</u>		
Reference	Audit Name	Final Report Date
201202	Business Intelligence & Reporting	28/09/2012
201210	Intellectual Property and Commercialisation (C&CS)	28/09/2012
201214	Private Work (IS, P&D)	26/09/2012

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<u>2012/2013 Financial Year</u>		
Reference	Audit Name	Final Report Date
201215	Project Management (Review 2 or 3 selected projects) (IS, WP&R)	14/08/2012
201217	Restructuring (Loss of Control Measures)	28/09/2012
201302	Asset Management Portable and Attractive (HS&RS)	20/03/2013
201304	Enterprise Resource Planning (ERP) Assurance	30/06/2013
201305	Financial Capitalisation and Asset Recognition (IS, F&CS)	18/06/2013
201306	Footpath Inspection and Maintenance (WP&R)	25/06/2013
201307	Grants and Subsidies Received and Allocated	04/12/2012
201308	Investigation Procedure and Guidelines	19/06/2013
201310	Payroll Allowances and Reconciliations	18/06/2013
201316	Transfer Station	20/03/2013

<u>2011/2012 Financial Year</u>		
Reference	Audit Name	Final Report Date
201102	Asset Valuation, Depreciation & Impairment	01/08/2011
201106	Disaster Recovery Processes & Business Continuity (Waste Pilot)	27/06/2012
201201	Bushfire Planning and Preparation (P&D, WP&R)	14/05/2012
201203	Community Engagement Plans	23/03/2012
201204	Control Processes and Documentation (P&D)	25/06/2012
201205	Disaster Recovery Processes & Business Continuity (F&CS (IT), WP&R)	27/06/2012
201206	Enterprise Resource Planning (ERP) Assurance	30/06/2012
201207	Estimates Process for Capital and Other Projects (IS, WP&R)	31/01/2012
201208	General Complaints Process	14/05/2012
201209	Hiring of Contractors	02/12/2011
201211	Performance & Appraisal Process (Staff)	17/02/2012
201212	Policy & Procedure Currency Review	15/11/2011
201213	Privacy (Protect Sensitive & Private Information (HS&RS)	01/03/2012
201216	Receivals – Actual/Outcome versus Specifications/Requirements	02/12/2011
201218	Secure Mobile Devices	02/03/2012

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<u>2011/2012 Financial Year</u>		
Reference	Audit Name	Final Report Date
201219	Flood Reconstruction Due Process (Special Audit)	30/09/2011

<u>2010/2011 Financial Year</u>		
Reference	Audit Name	Final Report Date
201011	One Stop Shop Compliance Framework (HP&R, P, ES)	13/08/2010
201014	Project Management (F&CS, P, E)	14/12/2010
201001	Accounts Payable	24/03/2011
201104	Continuous Control Monitoring (Fraud Prevention and Detection)	30/06/2011
201107	Enterprise Resource Planning (ERP) Assurance	30/06/2011
201108	FBT (Policy & Calculation)	21/09/2010
201109	IT Security (Oracle)	04/11/2010
201110	Legislative Compliance	06/04/2011
201113	Procurement (Roles & Segregation)	03/11/2010
201114	Quality Assessment of Internal Audit Unit	13/04/2011
201115	Training Framework	12/11/2010

Doc ID No: A5865905

ITEM: 10
SUBJECT: SUMMARY OF RECENT INTERNAL AUDIT REPORTS ISSUED
AUTHOR: CHIEF AUDIT EXECUTIVE
DATE: 29 OCTOBER 2019

EXECUTIVE SUMMARY

This is a report concerning recently completed internal audits and the subsequent reports released since the previous report dated 16 August 2019.

RECOMMENDATION/S

That the report be received and the contents noted.

RELATED PARTIES

Not applicable

ADVANCE IPSWICH THEME LINKAGE

The intention is for the Internal Audit activity to support all five themes:
Strengthening our local economy and building prosperity
Managing growth and delivering key infrastructure
Caring for the community
Caring for the environment
Listening, leading and financial management

Individual internal audits and corrupt conduct investigations will to a varying degree support these themes, but the main objective for Internal Audit is to support the organisation in achieving its objectives.

PURPOSE OF REPORT/BACKGROUND

Since 16 August 2019, Internal Audit has issued/finalised 2 Internal Audit reports/Consulting Tasks and the extracts of the reports containing the audit recommendations, management response and agreed action by date, are attached to enable any further discussion that may be required by the Audit and Risk Management Committee.

Control Environment Opinion Summary over Areas in Scope of Audits	5	4	3	2	1
Objective (A1819-11)			✓		
Operation of Fleet and Plant Audit (A1819-12)			✓		

FINANCIAL/RESOURCE IMPLICATIONS

Resources are provided to internal audit through the annual audit plan and budgeting processes. No additional resources were required because of this report.

Rating Definitions	
5	Indicates unacceptable control environment or critical operating or control problems or extreme exposure.
4	Indicates unsatisfactory control environment or significant operational, procedural or control deficiencies or high exposure.
3	Indicates limited control environment or some operational, procedural or control deficiencies, issues or moderate exposure
2	Indicates acceptable control environment or minor operational, procedural or control deficiencies, issues or exposure.
1	Indicates well controlled environment or no or limited unfavourable audit findings, observations or exposure.

RISK MANAGEMENT IMPLICATIONS

Each of the individual reports provides for a control environment opinion as well as individual risk ratings per individual findings and recommendations. The importance is for management to implement the individual recommendations well to either address or diminish the exposure for Council, or explain why it is acceptable to not implement the suggested improvements. As per the corrupt conduct investigation, the findings and risks vary in each situation and are discussed in the confidential reports. Having said that the key risks are still if the information is not well presented, well understood or does not generate an appropriate response.

LEGAL/POLICY BASIS

This report and its recommendations are consistent with the following legislative provisions:

Local Government Act 2009

Local Government Regulation 2012

COMMUNITY AND OTHER CONSULTATION

Internal Audit mostly consults internally to the organisation and its management in conducting the internal audits and finalising the reports.

CONCLUSION

The attached executive summary of reports provides for the individual opinion as per each report.

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

	CONFIDENTIAL
1.	Executive Summary of Recent Reports Issued
2.	Audit Report No. A1819-11
3.	Audit Report No. A1819-12

Freddy Beck
CHIEF AUDIT EXECUTIVE

I concur with the recommendations contained in this report.

Freddy Beck
CHIEF AUDIT EXECUTIVE

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Doc ID No: A5865911

ITEM: 11
SUBJECT: OVERDUE RECOMMENDATIONS AS AT 16 AUGUST 2019
AUTHOR: CHIEF AUDIT EXECUTIVE
DATE: 29 OCTOBER 2019

EXECUTIVE SUMMARY

This is a report concerning the status of each Department's progress in actioning the internal and external audit recommendations due or overdue for implementation.

RECOMMENDATION/S

That the report be received and considered.

RELATED PARTIES

Not applicable

ADVANCE IPSWICH THEME LINKAGE




The intention is for the Internal Audit activity to support all five themes:
Strengthening our local economy and building prosperity
Managing growth and delivering key infrastructure
Caring for the community
Caring for the environment
Listening, leading and financial management

Individual internal audits will to a varying degree support these themes, but the main objective for Internal Audit is to support the organisation in achieving its objectives.


PURPOSE OF REPORT/BACKGROUND


Every month each Department Head is requested to update the status of both the internal and external audit recommendations due for implementation within their area of responsibility.


Traffic lights have been introduced based on the request of the Audit and Risk Management Committee. The following is an indication of what each indicator could mean:

Light	Green	Light	Orange	Light	Red
	Under control Reasonable number Low overall risk		Need to monitor Number increasing Moderate overall risk		Need to be addressed Number problematic High overall risk

The following Departments' progress towards the implementation of Internal Audit recommendations, for which they are responsible, is summarised below:

Corporate Services					
Date of Report	Total overdue	Catastrophic	High	Moderate	
29 October 2019	1	0	0	1	
In relation to: Independent Validation of Internal Audit Self-Assessment (201609)					

Infrastructure and Environment					
Date of Report	Total overdue	Catastrophic	High	Moderate	
29 October 2019	3	0	0	3	
In relation to: State Emergency Services SES (A1617-18)Arboriculture (A1718-01), Enviroplan Levy (A1718-09)					

Planning and Regulatory Services					
Date of Report	Total overdue	Catastrophic	High	Moderate	
29 October 2019	6	0	0	2	
In relation to: Cemeteries (201504), Immunisation Program (A1718-11), Security and Safety Cameras (A1718-17)					

All other departments had no recommendations overdue for more than 3 months.

FINANCIAL/RESOURCE IMPLICATIONS

Resources are provided to internal audit through the annual audit plan and budgeting processes. No additional resources are required because of this report. However management will have to consider their implications to implement the recommendations as per the individual reports.

RISK MANAGEMENT IMPLICATIONS

Each of the individual reports provides for a control environment opinion as well as individual risk ratings per individual findings and recommendations. The importance is for management to implement the individual recommendations well to either address or diminish the exposure for Council, or explain why it is acceptable to not implement the suggested improvements.

LEGAL/POLICY BASIS

This report and its recommendations are consistent with the following legislative provisions:
Local Government Act 2009
Local Government Regulation 2012

COMMUNITY AND OTHER CONSULTATION

Internal Audit mostly consults internally to the organisation and its management in conducting the internal audits and finalising the reports.

CONCLUSION

Total Internal Audit recommendations **overdue for more than 3 months** and level of risk:

Minimal and Low not indicated.

Date of Report	Total overdue	Catastrophic	High	Moderate	
29 October 2019	10	0	0	6	
16 August 2019	7	0	0	3	

Total Internal Audit recommendations **open** and level of risk:

Date of Report	Total open	Catastrophic	High	Moderate	
29 October 2019	47	0	3	30	
16 August 2019	37	0	3	22	

Total External Audit recommendations **overdue** and level of risk:

Ratings as used by QAO.

Date of Report	Total overdue	High	Moderate	Low	
29 October 2019	6	1	2	3	
16 August 2019	3	1	2	0	

Total External Audit recommendations **open** and level of risk:

Date of Report	Total open	High	Moderate	Low	
29 October 2019	9	3	3	3	
16 August 2019	14	3	10	1	

Total Investigation/Ad Hoc Report recommendations overdue and level of risk:

Minimal and Low not indicated.

Date of Report	Total overdue	Catastrophic	High	Moderate	
29 October 2019	0	0	0	0	
16 August 2019	0	0	0	0	

Total Investigation/Ad Hoc Report recommendations **open** and level of risk:

Date of Report	Total open	Catastrophic	High	Moderate	
29 October 2019	34	0	7	19	
16 August 2019	0	0	0	0	

Overall Status	
The number of overdue recommendations have gone up slightly. The Investigations/Ad-hoc Reports have now also been added which has pushed the numbers up significantly but this is positive in that these are also now monitored.	

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

	CONFIDENTIAL
1.	Recommendations Statistics and Overdue Summary
2.	Internal Audit Recommendations overdue for more than 3 months
3.	External Audit Recommendations overdue for more than 3 months
4.	Investigations/Ad-hoc Report Recommendations overdue for more than 3 months (nil return)

Freddy Beck
CHIEF AUDIT EXECUTIVE

I concur with the recommendations contained in this report.

Freddy Beck
CHIEF AUDIT EXECUTIVE

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Doc ID No: A5874162

ITEM: 12

SUBJECT: QUEENSLAND AUDIT OFFICE FINAL MANAGEMENT LETTER TO IPSWICH CITY COUNCIL

AUTHOR: COMMITTEE MANAGER

DATE: 31 OCTOBER 2019

EXECUTIVE SUMMARY

This is a report concerning submission of the final management letter to Ipswich City Council from the Queensland Audit Office.

RECOMMENDATION/S

That the report be received and the contents noted.

PURPOSE OF REPORT/BACKGROUND

The purpose of the report is to provide the Audit and Risk Management Committee with a copy of the final Management Letter for Ipswich City Council.

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

1.	CONFIDENTIAL Final Management Letter
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Vicki Lukritz

COMMITTEE MANAGER

I concur with the recommendations contained in this report.

Andrew Knight

GENERAL MANAGER - CORPORATE SERVICES

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Doc ID No: A5874168

ITEM: 13

SUBJECT: QUEENSLAND AUDIT OFFICE BRIEFING PAPER FOR IPSWICH CITY COUNCIL

AUTHOR: COMMITTEE MANAGER

DATE: 31 OCTOBER 2019

EXECUTIVE SUMMARY

This is a report concerning the submission of a briefing paper for October 2019 to the Audit and Risk Management Committee.

RECOMMENDATION/S

That the report be received and the contents noted.

PURPOSE OF REPORT/BACKGROUND

The purpose of the report is to provide information to the Audit and Risk Management Committee in the form of a briefing paper.

ATTACHMENTS AND CONFIDENTIAL BACKGROUND PAPERS

	CONFIDENTIAL
1.	Briefing Paper from Queensland Audit Office

Vicki Lukritz

COMMITTEE MANAGER

I concur with the recommendations contained in this report.

Angela Harms

CORPORATE GOVERNANCE MANAGER

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