Audit Office
of South Australia

Auditor-General's Report 6 of 2026

Status of performance audit recommendations

Government of South Australia

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The Audit Office of South Australia acknowledges and respects Aboriginal people as the State's first people and nations, and recognises Aboriginal people as traditional owners and occupants of South Australian land and waters.

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31 August 2026

President
Legislative Council
Parliament House
ADELAIDE SA 5000

Speaker
House of Assembly
Parliament House
ADELAIDE SA 5000

Dear President and Speaker

Report of the Auditor-General:
Report 6 of 2026 *Status of performance audit recommendations*

Under the *Public Finance and Audit Act 1987,* I present this report to each of you. It provides information about the status of a sample of recommendations we selected from five performance audits completed between 2022 and 2024. This is our first review of the status of performance audit recommendations to see how agencies are implementing them.

Acknowledgements

The review team for this report was Salv Bianco, Simon Altus, Amanda Deluca and Caleb Clifford.

We appreciate the cooperation and assistance given by staff of the SA Government agencies involved in our review.

Yours sincerely

Andrew Blaskett
Auditor-General

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Key observations

Almost half of the recommendations we selected were assessed by agencies as completed, with most of the others progressed. Agencies reported:

- 44% of recommendations assessed are complete
- most outstanding recommendations are being progressed rather than not addressed
- progress is continuing for key activities, including managing homelessness services and climate change risk management.

We also found opportunities to strengthen our audit practices, including the clarity and feasibility of our recommendations.

Why this matters

This is our first review of the status of performance audit recommendations to see how agencies are implementing them.

Recommendations are the primary way our performance audits drive improvements in government administration.

Following up these recommendations helps the South Australian Parliament understand whether agencies are acting on audit findings and progressing intended reforms.

Key facts

This follow-up review covers:

7	5	64
agencies	performance audits	recommendations

Recommendation status*

28	31	2	3
completed	in progress	no action to date	no longer applicable

* Based on agency self-assessments.

Government of South Australia
Audit Office of South Australia

1 Executive summary

1.1 Introduction

Our performance audits assess how well SA Government agencies manage services, programs and projects and make recommendations to help agencies improve them. We summarise these audits in reports to the South Australian Parliament. We discuss our findings and recommendations with agencies as part of the procedural fairness process and issue management letters to the responsible chief executive about them. These letters often include more detail than the final parliamentary report.

It is important that agencies take appropriate and timely action to implement these recommendations to achieve the intended improvements to their performance and management of activities.

This report provides information from seven agencies on the status of a sample of recommendations we selected from five performance audits completed between 2022 and 2024.

1.2 Key observations

We asked agencies to self-assess their progress in implementing 64 recommendations using the criteria in Appendix 1. Agencies provided us with their self-assessments between April and June 2026. The status of recommendations at that time is shown in figure 1.1.

Figure 1.1: Agency self-assessment of recommendation status

Performance audit	Completed	In progress	No action to date	No longer applicable
Managing homelessness services (July 2024)				
Department of Human Services	-	9	-	-
Climate change risk management (October 2023)				
Department for Environment and Water	3	4	2	-
Department for Infrastructure and Transport	-	7	-	-
South Australian Water Corporation	-	8	-	-
Gambling harm minimisation (May 2023)				
Department of Human Services	7	1	-	-
Attorney-General's Department	8	-	-	-
Managing access to mental health services (September 2022)				
Department for Health and Wellbeing	4	1	-	3
Preventive Health SA	1	-	-	-
SA Health's management of personal protective equipment (January 2022)				
Department for Health and Wellbeing	5	1	-	-
Total	**28**	**31**	**2**	**3**

Agencies reported that they have completed almost half of the recommendations we followed up. For some of these recommendations, they described how their actions have improved their ongoing management of activities. Agencies reported ongoing or planned work to implement the remaining recommendations, mostly for the managing homelessness services and climate change risk management audits.

For managing homelessness services, the progress of implementing actions to address recommendations has been impacted by the transfer of responsibility for homelessness services from the South Australian Housing Trust to the Department of Human Services in July 2024. The Department also started an independent review in mid-2025 to assess and improve its approach for commissioning homelessness services. It advised that the review was completed at 30 June 2026, and the recommendations are currently under consideration by the SA Government. This will inform the Department's response to our recommendations.

For climate change risk management, agencies advised that the Climate Ready Government initiative introduced in November 2024 has impacted the time frame for implementing our recommendations. They advised that work is progressing to address our recommendations, including as part of actions to meet SA Government requirements, which are due to be completed between 2026 and 2027.

The Department for Health and Wellbeing assessed three recommendations as no longer applicable. It advised us that this is because:

- the recommendations relate to the expired SA Mental Health Services Plan 2020–2025
- the broader mental health policy, governance, performance and accountability environment has significantly evolved since the audit
- the intent of the recommendations is being addressed through broader system-wide processes and governance mechanisms
- if a new State mental health plan is developed, it will include the elements of the recommendations.

Actions taken or planned by agencies to address the recommendations are summarised in sections 2 to 6, along with their processes to monitor the implementation of their actions.

1.2.1 Agency monitoring of the status of recommendations

We expect agencies to regularly monitor their progress of implementing our recommendations so that required actions are implemented in a timely way. Agencies told us they have processes to monitor the status of our recommendations. Some good practices include:

- monitoring our recommendations shortly after they were made
- setting estimated time frames for completing recommendations
- assigning responsibility for addressing recommendations to staff and executive
- providing quarterly updates to senior management and governance groups, such as audit and risk committees.

1.2.2 Role of audit and risk committees

Audit and risk committees (ARCs) are advisory bodies accountable for overseeing governance, risk and control systems. They have an important role in actively monitoring the timeliness and appropriateness of management responses to audit findings and recommendations.

It is important that there is clear separation of agency management responsibility for implementing audit recommendations and ARC responsibility for overseeing their implementation. Important elements to consider as part of this oversight include:

- ensuring recommendations are risk-rated, clearly assigned, supported by time-bound action plans, and subject to regular, evidence-based reporting and challenge
- explicit focus on root causes and understanding the risks for failing to progress recommendations in a timely manner.

1.2.3 Role of public accounts committees

This is the first time that we have produced such a report. In some other Australian jurisdictions, public accounts committees (or similar) review Auditor-Generals' reports and monitor agency responses. While I attend the Economic and Finance Committee and Budget and Finance Committee on request to discuss my reports, there is no formal arrangement or practice for the review of findings here in South Australia.

It is worth considering enhancing existing processes to include a review of Auditor-General's reports and monitoring of agency responses to audit findings. This would assist the South Australian Parliament in holding agencies to account, and:

- ensure audit findings are systematically scrutinised and actioned, rather than noted
- improve transparency and create a clear evidence trail of corrective action.

1.2.4 Opportunities to strengthen future performance audits

This review also identified opportunities to strengthen our audit practices and impact. When we make recommendations, we now request clearer information from agencies about how they intend to address each audit finding and expected completion time frames.

We will continue to consider how we develop our recommendations and communicate them to agencies and Parliament. This includes ensuring:

- our performance audits provide agencies with a set of recommendations that are manageable and practical to implement
- our recommendations focus on the key actions that will have the most impact to improve the performance of the activities that agencies manage.

These changes will help strengthen the impact of future performance audits and support a more effective process to follow up recommendations.

2 Managing homelessness services

2.1 Background

In July 2024 we reported on whether the South Australian Housing Trust (SAHT) was effectively managing its provision of specialist homelessness services.[1] SAHT was responsible for providing specialist homelessness services at the time of our audit. On 1 July 2024, shortly before we reported to Parliament, the responsibility for homelessness services transferred to the Department of Human Services (DHS).

Our report made 13 recommendations to SAHT and explained that DHS should consider these recommendations as part of its arrangements to transition the homelessness services function. In response to our report, DHS initiated an independent review of the approach and models used to commission all homelessness services from the specialist homelessness sector. This review, titled the Homelessness Systems Review (HSR), started in mid-2025. It will provide DHS with recommendations to improve and inform future commissioning. DHS advised us that the HSR was completed at 30 June 2026, and the recommendations are currently under consideration by the SA Government. This will inform DHS's approach to addressing our recommendations, including through recommissioning.

2.2 Status of recommendations

We asked DHS to assess its progress of nine selected recommendations. In April 2026, it reported that all of these recommendations were being progressed. A summary of this assessment and DHS's actions to address the recommendations is shown in figure 2.1.

See Appendix 2 for the selected recommendations in full.

Figure 2.1: Information provided by DHS on its implementation progress

9 recommendations **in progress**

Summary of DHS self-assessment response	Status
Strategic planning does not reflect a whole-of-system approach or current operating environment Since July 2024 DHS has established the foundations for: • a strengthened, whole-of-system approach to strategic planning • increased focus on system stewardship across Alliance and directly contracted services • improved alignment between policy, commissioning and service delivery.	In progress

[1] Auditor-General's Report 8 of 2024 *Managing homelessness services.*

The HSR was informed by detailed system mapping, analysis of demand, service configuration and gaps across the full-service system. The Homelessness Outcomes Framework (Outcomes Framework) is being embedded as a central mechanism for defining and measuring system success. These reforms will provide a clear basis for a refreshed strategic approach to be progressed through recommissioning, including improved alignment between strategy, funding and outcomes.	
### The level of unmet need has not been identified The HSR will provide a comprehensive, evidence-informed view of system demand, service configuration and unmet need across both Alliance and directly contracted services. The Outcomes Framework is being embedded as a mechanism that supports consistent measurement of outcomes and improved understanding of need. Together, these initiatives will inform future strategic planning and funding decisions.	In progress
### There is limited guidance for service providers on service eligibility and prioritisation processes Guidance for service providers on service eligibility and prioritisation is being strengthened through system reform, improved data use and clearer definition of outcomes. DHS is working to improve consistency across the system for the processes used by service providers to prioritise their services. The Outcomes Framework is increasingly being used to guide service expectations and inform discussions on prioritisation and client need. The HSR considered eligibility, risk assessment and prioritisation approaches across service types. This will provide a more consistent system-level framework to guide service delivery. DHS has engaged a consultant to develop a business case for the future Homeless2Home (H2H) client and case management system. A new system would support improved consistency in assessment, data capture and service coordination and underpin a more structured and transparent approach to service eligibility and prioritisation.	In progress
### Outcomes measurement framework has not been finalised DHS is progressing implementation of the Outcomes Framework with a focus on embedding an outcomes-based approach across the system. This work has included: • developing and refining system outcomes and client-level outcome measures and indicators in partnership with the homelessness sector • sector engagement to test feasibility and practice implications • identifying priority data sources and building baselines to support future monitoring and evaluation.	In progress

The Outcomes Framework is being integrated into reporting and partnership processes, where possible, before any system re-commissioning, which is supporting a shift from reporting on outputs to a stronger focus on client and system outcomes. The HSR will further inform evaluation priorities and approaches to assessing effectiveness and value for money across service models. This will support the next phase of implementing the Outcomes Framework through recommissioning.	
The existing client management system does not meet data requirements A business case to replace the H2H system is being developed for consideration through the SA Government's Digital Investment Fund. It will provide a clear pathway to address current system limitations and improve data quality, performance monitoring and outcomes measurement. The work to develop the business case includes: • defining system requirements • incorporating user and sector feedback • improving data functionality • ensuring alignment with the Outcomes Framework.	In progress
Gaps in key areas of contract performance management DHS has strengthened contract management performance by shifting the focus from outputs to outcomes and partnership. This included: • regularly engaging with service providers though performance and partnership meetings • implementing more consistent reporting processes • a greater focus on shared accountability for client outcomes and system performance. The Outcomes Framework implementation will increasingly inform performance discussions, supporting clearer expectations and improved alignment between service delivery and intended outcomes. The HSR will provide further guidance on performance expectations, evaluation priorities and service models. These insights will inform the development of an improved performance management framework.	In progress
Alliance System Steering Group has not effectively overseen the specialist homelessness services system DHS has maintained and strengthened governance arrangements to support system oversight, including ongoing oversight through: • the DHS and SAHT Steering Committee • regular forums with Alliance leads and service providers to support coordination, information sharing and system improvement. The Outcomes Framework is informing governance discussions, enabling a stronger focus on system performance, outcomes and shared accountability. The HSR will provide recommendations on future governance structures, including opportunities to strengthen sector-wide coordination and system-level oversight.	In progress

Limited reporting on specialist homelessness services performance Executive performance reporting is undertaken through bi-annual partnership updates and reporting processes with homelessness alliances and directly contracted services. This provides a structured mechanism to monitor service delivery, performance, emerging risks, system pressures and progress against agreed priorities. These updates support regular executive oversight of service delivery and discussions on areas such as service activity, client demand and complexity, outcomes, contract deliverables and system improvement opportunities. The HSR will provide recommendations on future governance structures, including opportunities to strengthen system-level oversight.	In progress
Coordination with other government agencies to achieve intended outcomes could be improved DHS is strengthening cross-agency coordination with a focus on aligning service responses, improving data sharing and clarifying responsibilities. This includes ongoing collaboration with key partners such as SAHT, the Office of Domestic, Family and Sexual Violence, Department for Child Protection and SA Health. The shared stewardship arrangements between DHS and SAHT support a more coordinated oversight of the homelessness and housing systems. The HSR considered opportunities to formalise cross-agency governance, improve data integration and strengthen collective accountability for outcomes.	In progress

2.3 Monitoring of progress to implement recommendations

DHS advised us that the status of our findings and recommendations are monitored through an audit actions register. This register is updated and reviewed quarterly by senior management and reported to its Risk Management and Audit Committee.

3 Climate change risk management

3.1 Background

In 2023 we reviewed six agencies to assess the effectiveness of arrangements across the SA Government for managing climate change risks, including central coordination. In September 2023 we issued management letters to each agency's chief executive, outlining our recommendations on their individual practices. Our report to Parliament included recommendations directed at all SA Government agencies and separate recommendations for the Department for Environment and Water (DEW) to address central coordination.[2]

In November 2024, the SA Government introduced the Climate Ready Government initiative (CRG initiative) through the Premier and Cabinet Circular 007 *Climate Ready Government* (PC007). The CRG initiative sets out required actions to help agencies reduce climate-related risks to public assets, operations and services. It outlines that DEW is responsible for central review and monitoring of agency compliance with the requirements.

We asked three out of the six agencies, DEW, the Department for Infrastructure and Transport (DIT) and the South Australian Water Corporation (SA Water), to provide updates on their progress in addressing a sample of recommendations that we selected. They advised that work is being done to address them, largely as part of actions to meet the requirements of the CRG initiative, as there is alignment between our recommendations and CRG initiative requirements.

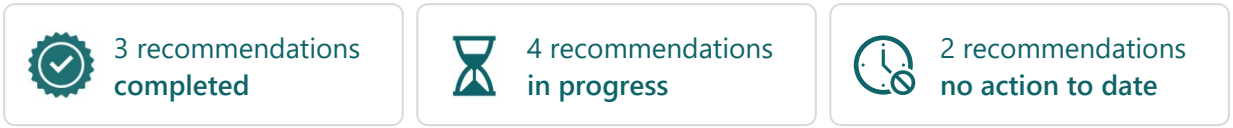
3.2 Status of recommendations

3.2.1 Department for Environment and Water

Our management letter made 15 recommendations to DEW. We asked DEW to assess its progress of nine selected recommendations. In May 2026, it reported that of these recommendations, three were completed, four were in progress and two were not actioned yet. A summary of this assessment and DEW's actions to address the recommendations is shown in figure 3.1.

See Appendix 2 for the selected recommendations in full.

Figure 3.1: Information provided by DEW on its implementation progress



[2] Auditor-General's Report 9 of 2023 *Climate change risk management.*

Summary of DEW self-assessment response	Status
Central guidance on climate risk management for SA Government agencies DEW has established and facilitated the following mechanisms to support agencies with implementing the CRG initiative: • An information hub which provides guidance and resources. • A Climate Change Community of Practice and dedicated email address for DEW and other agencies to share information, communicate and learn from each other. • Communication with agency chief executives and presentations to executive groups on the CRG initiative shortly after it was introduced. • Ongoing training and a webinar series on climate change matters including climate risk assessment and management. • Ongoing engagement with the cross-agency Climate Change Action Steering Group on matters related to the CRG initiative.	Complete
Assignment of across government climate-related roles and responsibilities DEW has worked with the Department of Treasury and Finance and the Department of the Premier and Cabinet to: • establish an authorising environment through PC007, including: — requirements for climate risk management at the agency level — assigning DEW responsibility for central review and monitoring of compliance with the requirements across government • embed climate risk management into government policy and practice. DEW has also led the following actions: • Ongoing training and support to agencies, including guidance materials, to help them deliver and comply with the CRG initiative. • Developed reporting requirements and tools to support DEW's central review and monitoring role. An online survey is intended to be used to support preparing the first report on agency progress in implementing the CRG initiative in the second half of 2026.	Complete
Ongoing processes to understand climate risk priorities for the State DEW supported changes to the *Climate Change and Greenhouse Emissions Reduction Act 2007* in 2025 that require the Minister to prepare a statewide climate change risk assessment and review it every five years. The first Statewide Climate Change Risk and Opportunity Assessment for South Australia was released in 2026. DEW will work with agencies to use the risk assessment to explore new adaptation measures. The risk assessment can also be used to inform requirements under the CRG initiative to assess climate risks and develop actions to address priority risks. DEW monitors implementation of the CRG initiative.	Complete

The Climate Change Action Steering Group's Terms of Reference was updated in 2025 to highlight its role in supporting cross-agency policy development and collaboration, and in monitoring the implementation of climate change actions.	
### Approach to climate risk management and guidance provided to staff DEW recently updated its Risk Management Framework and Policy to: • include a section on climate risk management • refer staff to PC007 and a climate risk management guide, which DEW published for the whole of government in 2024. The approach in the guide is informed by current leading international practice and it provides guidance on undertaking a climate risk assessment. Further work will be completed to conduct an agency-wide climate risk assessment in 2027. This will be followed by further guidance on conducting climate risk assessments and managing climate risks.	In progress
### Strategic climate risk assessment Climate risk mitigation and adaptation is recognised as a strategic risk and captured on DEW's strategic risk register. DEW will be conducting an agency-wide climate risk assessment in 2027 in line with CRG initiative requirements.	In progress
### Operational climate risk assessments Following the agency-wide climate risk assessment, DEW will coordinate climate risk assessments for operational areas.	No action to date
### Roles and responsibilities for climate risk management DEW's People, Safety and Performance branch was allocated responsibility for managing climate risks for the agency. As DEW progresses its work to meet CRG initiative requirements, roles and responsibilities may evolve and governance documentation will be updated.	In progress
### Climate risk management capability DEW is growing in-house capability and will assess and define a target level of climate risk management capability as it progresses CRG initiative actions and considers long-term resourcing for managing climate risks.	In progress
### Reporting on climate risks to key oversight groups Following the agency-wide climate risk assessment, DEW will establish specific arrangements for reporting and monitoring of climate risks. DEW's strategic risks are currently reported to and monitored by its Executive Committee and Audit and Risk Committee.	No action to date

3.2.2 Department for Infrastructure and Transport

Our management letter made 14 recommendations to DIT. We asked DIT to assess its progress of seven selected recommendations. In May 2026, it reported that all of these recommendations were being progressed. A summary of this assessment and DIT's actions to address the recommendations is shown in figure 3.2.

See Appendix 2 for the selected recommendations in full.

Figure 3.2: Information provided by DIT on its implementation progress

7 recommendations **in progress**

Summary of DIT self-assessment response	Status
Approaches to climate risk management In February 2025, DIT added a new risk to its enterprise risk register related to failure to address physical and transition climate risks. As a result, climate risk is now managed in line with DIT's Enterprise Risk Management Framework, including oversight, monitoring and reporting. In October 2025, DIT's Executive Committee approved the CRG initiative implementation plan. The plan provides a framework to implement the CRG initiative requirements and respond to recommendations from the performance audit as they are closely aligned. A department-wide climate risk scan is under way (see '*Strategic climate risk assessment'* below). The climate risk scan is informing DIT's Transport System Resilience project, which considers climate change risks alongside other risks. The project will deliver a strategy, framework and pathway to improve whole-of-system resilience. DIT has begun a program to identify and prioritise flood resilience initiatives across road, rail and marine infrastructure in the River Murray region.	In progress
Strategic climate risk assessment The climate risk scan is under way and most tasks are completed. It is a strategic climate risk assessment and provides a high-level assessment of physical and transition risks across DIT's key functions and assets. The assessment methodology DIT has used reflects good practice and aligns with CRG initiative guidance and DIT's risk management framework. The climate risk scan identified and prioritised climate risks and treatments and identified areas requiring more detailed assessment. It will inform longer-term adaptation planning and asset management processes. Identified risks will be recorded in DIT's enterprise risk management system to support ongoing management, monitoring and reporting.	In progress

Climate risk assessments for existing assets and infrastructure The climate risk scan approach has used elements from methodologies for undertaking detailed climate risk assessments and aligns with good practice elements outlined in this recommendation, including: • assessment across multiple time horizons (2050 and 2090) • use of medium and high emissions scenarios • assessment of risks, controls and potential treatments. The climate risk scan identified areas requiring further detailed assessment, which include areas where no clear existing treatment options have been identified yet, and where there is currently insufficient information to fully identify adequate treatments.	In progress
Integrating climate change into asset management planning DIT revised its Road Infrastructure Strategic Asset Management Plan in 2024, explicitly recognising climate change impacts within objectives, levels of service and risk evaluation. A road infrastructure asset management plan is being developed, which will include climate risk considerations. The climate risk scan will inform future updates of strategic asset management plans and asset management plans. Projects and programs focused on transport system and network resilience will further support asset planning by assessing criticality, vulnerability and resilience strategies.	In progress
Roles and responsibilities for climate risk management DIT's Risk Management Framework and Policy define risk management responsibilities for all its staff. As climate risk is identified as an enterprise risk, its Chief Executive has oversight responsibility under the Framework. The climate risk scan assigns owners for climate risks, controls and treatments, which will be transferred into DIT's enterprise risk management system for ongoing management and reporting. DIT's Planning and Technical Services Directorate is responsible for: • monitoring external climate data and guidance and integrating new information into DIT's specifications and guidance for designing, constructing and maintaining infrastructure • supporting staff and contractors delivering infrastructure projects to identify and manage climate risks. DIT's implementation plan for the CRG initiative assigns roles and responsibilities for implementing actions to comply with the requirements.	In progress
Climate risk management capability The climate risk scan stakeholder engagement process has improved climate risk capability across DIT. Participants were provided online training and key staff also attended face-to-face training. DIT is actively engaging with external best practice initiatives and participates in cross-agency CRG initiative working groups.	In progress

Further work is required to define target capability levels for employees and contractors and develop a structured capability uplift plan.	
Reporting on climate risks to senior management and key oversight groups DIT's Risk Management Framework and Policy establish arrangements for climate risk reporting. For new projects and assets, reporting requirements for climate risks are outlined in DIT's Climate Change Adaptation Guideline. Annual reporting on CRG initiative compliance, including climate risk management, will occur in line with whole-of-government requirements.	In progress

3.2.3 South Australian Water Corporation

Our management letter made 11 recommendations to SA Water. We asked SA Water to assess its progress of eight selected recommendations. In April 2026, it reported that all of these recommendations were being progressed. A summary of this assessment and SA Water's actions to address the recommendations is shown in figure 3.3.

See Appendix 2 for the selected recommendations in full.

Figure 3.3: Information provided by SA Water on its implementation progress

8 recommendations **in progress**

Summary of SA Water self-assessment response	Status
Approach to climate risk management and guidance provided to staff Since October 2023, SA Water has: • developed a new enterprise-level risk policy and guideline documents that reflect the importance of climate risk management to the organisation. These outline: — climate change as a specific area of risk requiring its own risk framework and processes — where risk assessment practices and approaches may deviate for climate change risk management — consideration of climate change in SA Water's risk appetite and enterprise risk and opportunity guideline documents — Board-approved tolerance for managing climate risks and appetite for strengthening climate resilience • started work to develop a framework and guideline for climate change risk management to ensure enterprise-wide consistency in how climate change risks are assessed and managed • developed guidance and training modules for staff that outline requirements for assessing and managing climate change risks during the various stages of project design and development.	In progress

Climate risk management practices for new capital projects SA Water developed a Sustainability by Design Technical Engineering Standard that considers climate change risks alongside other sustainability factors as part of project design requirements for new investments. SA Water is further refining its approach to climate change risk assessments of new capital projects. High-level requirements were outlined with a detailed methodology and guidelines currently under development. A project-level climate change risk (first pass) triage assessment tool is being developed to help identify which 2028 regulatory determination business cases are at risk of climate hazard exposure and vulnerabilities. Operational elements are being drafted in the climate change framework to support continuous improvement of process and business practices, building capabilities in critical infrastructure risk identification, assessment and climate hazards.	In progress
Strategic climate risk assessment Climate change risks are considered as part of SA Water's Enterprise Risk Management Framework and Board-approved risk appetite statements. SA Water has commenced an enterprise-level climate risk scan of its facilities to support organisational engagement and assist in: • identifying critical risk 'hot spots' • validating and prioritising current control measures and adaptation opportunities in the context of its strategic priorities and regulatory requirements. The Eyre Peninsula Water Security Response Plan demonstrates action to establish a climate-independent water source to address water security challenges resulting from climate risks and increasing water demand. Work is progressing to develop regional water security strategies for the Limestone Coast and Kangaroo Island.	In progress

Operational climate risk assessments
 	
SA Water has started assessing climate change risk for its key functions and operational areas. Key assessments completed or under way include:
 	
• a climate vulnerability and adaptive capacity assessment for assets
• a climate change assessment of the regulatory determination 2024 to 2028 capital works program
• detailed climate change risk assessments for three major projects:
  — Murray Bridge Wastewater Treatment Plant
  — Eyre Peninsula Desalination Plant
  — Whyalla Wastewater Treatment Plant.
 	
In accordance with the Sustainability by Design Technical Standard, all major asset projects are now required to undertake climate change risk assessments at varying levels of detail depending on project stage.
	In progress

SA Water's Dry Conditions Water Security Risk Mitigation Plan outlines system-specific outcomes of the dry condition risk assessment for general activities and key water sources across the State.	
Integrating climate change into asset management planning SA Water issued a technical standard in September 2025, which requires climate change risk to be considered at various stages of project design. Its enterprise risk management procedure provides guidance to assess climate change risks relevant to projects and programs.	In progress
Roles and responsibilities for climate risk management A climate change program team commenced in 2025 to coordinate delivery of the CRG initiative requirements. This team and the enterprise risk management team are responsible for building SA Water's climate risk maturity on a day-to-day basis. An executive team member is responsible for overseeing SA Water's climate risk maturity, including monitoring work to deliver the CRG initiative requirements. SA Water's risk and strategy teams are responsible for monitoring external developments to identify and integrate relevant information into the climate risk management process. The draft climate change framework includes responsibility statements to embed climate resilience across the organisation.	In progress
Climate risk management capability To facilitate the introduction of the CRG initiative requirements, SA Water established a climate ready working group, which was supported by external consultants in 2025. A climate change program team was appointed to coordinate ongoing climate risk management, and key staff attended climate ready government risk management training sessions facilitated by DEW in 2025. Training on the use of the Sustainability by Design Technical Standard is available for staff and several knowledge sessions were held. SA Water subject matter experts: • attend the climate risk community of practice sessions facilitated by DEW • participated in the development of the statewide climate risk assessment project, including final document review.	In progress
Reporting on climate risks to key oversight groups SA Water introduced measures to ensure all risks, including climate risk, have clear lines of responsibility, are adequately reported and escalated where necessary. Enterprise risk and sustainability issues are routinely reported to governance groups, including board committees and executive committees. Since 2024-25, SA Water's progress in improving its climate risk maturity has been included in quarterly reporting to an executive team member. SA Water's Sustainability by Design Technical Standard specifies when centralised risk systems and registers must be used to ensure high-priority risks are tracked. Mechanisms for recording risks are currently being updated to improve tracking and analysis of risks across the organisation.	In progress

3.3 Monitoring of progress to implement recommendations

Department for Environment and Water

DEW advised us that the status of outstanding audit actions is updated quarterly by action owners and reported to DEW's Chief Executive, Executive Directors and Audit and Risk Committee.

Department for Infrastructure and Transport

DIT advised us that an implementation plan for CRG initiative requirements was approved by its Executive Committee in October 2025. The Committee was advised the plan addresses most of the climate change risk management audit recommendations. The plan is now the primary way DIT's decarbonisation and sustainability section monitors and reports on the progress of implementing these recommendations.

South Australian Water Corporation

SA Water advised us that it transitioned the recommendations and other actions related to climate change risk management into its work to implement the CRG initiative requirements in 2025. SA Water also advised that it uses a performance dashboard to track and report this work to its executive team.

4 Gambling harm minimisation

4.1 Background

In May 2023 we reported on the SA Government's management of gambling harm minimisation activities.[3] This included review of activities managed by:

- the Office for Problem Gambling (now known as Gambling Harm Support SA (GHS SA)) within the Department of Human Services (DHS)
- Consumer and Business Services (CBS) within the Attorney-General's Department.

We assessed whether:

- GHS SA was effectively managing the Gamblers Rehabilitation Fund (GRF) investment plan and gambling help services to minimise gambling harm
- CBS was effectively managing gambling regulatory compliance activities.

4.2 Status of recommendations

4.2.1 Gambling Harm Support SA

Our report made 15 recommendations to GHS SA. We asked GHS SA to assess its progress of eight selected recommendations. In April 2026, it reported that of these recommendations, seven were completed and one was being progressed. A summary of this assessment and GHS SA's actions to address the recommendations is shown in figure 4.1.

See Appendix 2 for the selected recommendations in full.

Figure 4.1: Information provided by GHS SA on its implementation progress

Summary of GHS SA self-assessment response	Status
Monitoring and evaluation framework for GRF investment plan is not yet implemented and operational The first-year evaluation of the GRF investment plan was released in September 2023. This included establishing data collection activities for all key performance measures (KPMs), baseline data and specific targets to monitor the extent of progress in achieving the KPMs and key results areas. The evaluation is available to view on the GHS SA website.	Complete

[3] Auditor-General's Report 3 of 2023 *Gambling harm minimisation.*

Further data and research are required to understand and monitor current gambling harm trends GHS SA established business-as-usual activities that collect and monitor data on the proportion of South Australians engaging in moderate to high-risk gambling behaviour and trends in gambling harm indicators. This includes a data-sharing agreement with CBS, a longitudinal study into South Australian attitudes, beliefs and behaviours regarding sports betting, and a gambling prevalence study that is under way using SA Heath's population health survey module.	Complete
Obtaining client and community feedback on counselling services will help to measure the achievement of investment plan goals People with lived experience of gambling harm have had strategic input to public health campaigns such as the 'Gambling Harm Ahead' and 'Spot the Harm. Stop the Harm' campaigns. GHS SA can and will facilitate ongoing engagement with people with lived experience of gambling harm to inform the activities of GHS SA through investment in the Lived Experience in Gambling Harm Program. GHS SA is designing and building a new software platform that will include a client feedback/perspective mechanism.	In progress
Sustainability of the GRF funding model not assessed GHS SA completed a sustainability assessment which was noted by the then Minister for Human Services in August 2025. Sustainability risks were raised with the Department of Treasury and Finance in September 2025 through the 2025-26 mid-year budget review process.	Complete
No reporting to governance oversight committee on progress against GRF investment plan for over 12 months Reporting on progress against the GRF investment plan was presented to DHS's Client Services and Partnerships Committee in 2023 and 2024 before the Committee was dissolved. GHS SA now provides this reporting to the DHS Deputy Chief Executive and Risk Management and Audit Committee.	Complete
Performance measures for gambling help services do not enable effective assessment of contracted service outcomes Gambling help service contracts now include: • revised outcomes and performance measures • an updated service model that aligns to the GRF investment plan monitoring and evaluation framework and international best practice for gambling harm. Review of performance measures and targets is iterative and ongoing, reflecting the continual improvement approach undertaken by GHS SA. GHS SA's prevention, early intervention and promotion activity report is used to measure service provider performance in some areas of the monitoring and evaluation framework and is included in updated service contracts.	Complete

Approach to managing gambling help service contracts was unclear and did not prioritise performance monitoring activities based on risk A revised contract management procedure for GHS SA funded activities was approved by the DHS Deputy Chief Executive in May 2024. GHS SA now manages contracts in line with the revised procedure, which has a lower risk appetite for contract management activities compared to the department-wide contract management procedure.	Complete
Limited information on gambling help service performance provided to those responsible for oversight Annual contract review reports are completed by GHS SA on a regular basis. Monitoring of reporting requirements is undertaken by the contract owner and supported by the DHS procurement and quality assurance team.	Complete

4.2.2 Consumer and Business Services

Our report made 18 recommendations to CBS. We asked CBS to assess its progress of eight selected recommendations. In May 2026, it reported that all of these recommendations were completed. A summary of this assessment and CBS's actions to address the recommendations is shown in figure 4.2.

See Appendix 2 for the selected recommendations in full.

Figure 4.2: Information provided by CBS on its implementation progress

8 recommendations **completed**

Summary of CBS self-assessment response	Status
Regulatory compliance program is not informed by a comprehensive and systemic assessment of risks CBS worked with an external consulting firm and consulted stakeholders, including regulators in other jurisdictions, during 2023 to: • establish a compliance risk management framework • conduct a risk assessment over existing gambling regulatory requirements and the gambling industry to identify areas at higher risk of non-compliance and/or gambling harm. The risk assessment was used to develop the Gambling Harm Minimisation Monitoring and Evaluation Framework and associated Risk Register which CBS now uses to plan and guide compliance activities. These operational tools: • identify areas of risk of gambling harm within the gaming, wagering and lotteries industries • outline the compliance activities undertaken to address these harms and how CBS monitors and evaluates their effectiveness.	Complete

Use of data and intelligence to inform compliance risk assessments and target compliance activities is limited Before the performance audit, CBS initiated and completed an internal review of its compliance and enforcement branch. The review led to a team being established to improve the use of data and intelligence. This team has since obtained access to additional data sources to address intelligence gaps identified in the audit. CBS developed a Data Management Framework in May 2024 that includes: • the nature of gambling data and intelligence assets used by CBS • how data sources are collected, stored and kept accessible and secure • how data sources are used to inform compliance activities. An intelligence and scheduling officer was appointed. Their role includes: • collecting, collating and reviewing data available to CBS, in line with the Data Management Framework and Gambling Harm Minimisation Monitoring and Evaluation Framework, to select the premises that will be targeted for each specific compliance and enforcement operation • preparing recommendations to direct resources to venues and gambling operators with customers who may be at greater risk of experiencing gambling harm, and which have attributes that may be relevant to a specific operation. A gambling venue risk tool was developed to consolidate data and identify and compare attributes and risk factors across venues to consider in planning compliance activities.	Complete
Operational plan supporting implementation of Gambling Regulation Strategic Plan is in draft and does not identify timelines and success measures CBS finalised the operational plan in 2023 that includes time frames for deliverables and measures of success. The plan was communicated to its staff. The progress of the deliverables and success measures is monitored at CBS gambling harm quarterly meetings.	Complete
Gaming machine and wagering inspections do not effectively target higher-risk licensees CBS implemented system enhancements to apply the new risk categorisation hierarchy to all licenses in early 2023. New licenses can now be automatically assigned to the appropriate risk category. Power BI reporting tools were developed to identify risk factors beyond the risk categorisation hierarchy. These inform metropolitan inspection activities and enables premises' attributes to be compared and reviewed so that CBS resources can be appropriately allocated. An intelligence and scheduling officer was appointed to monitor: • gaming venue inspections, which have ensured they occur in line with the Risk Allocation Policy and Annual Inspections Schedule • recommendations made related to compliance issues identified and enforcement outcome approvals.	Complete

The officer also arranges a follow-up inspection after an enforcement outcome is achieved. This ensures all issues identified are remediated.	
### Inspections have not been completed as planned CBS is completing gaming venue inspections in line with risk assessments made under its Risk Allocation Policy. Reports were developed to help staff complete inspections in line with required time frames. This reporting is used to identify when gaming venues need to be inspected and when inspections are overdue. An intelligence and scheduling officer was appointed. They monitor the number of inspections completed each month and ensure that all scheduled inspection activities are completed and any required follow-up action is arranged. Some gaming venues with a moderate risk rating do not have attributes that result in them being selected for inspection. A process was developed for the officer to review the number of inspections completed at these premises so they are inspected at least once a year.	Complete
### Limited compliance activity over online wagering operations CBS developed an online wagering compliance strategy, which was approved in June 2024. It outlines the strategy for the online wagering compliance program that was introduced from 2023-24. An audit process was also developed which, along with the strategy, was informed by the United Kingdom's gambling regulator, which is a leader in online wagering regulation. In May 2025, CBS recruited two compliance officers with auditing and data analysis skills. These roles were established to address the increasing risk of gambling harm from the online wagering environment. Compliance activities undertaken by CBS for online wagering include a close review of a betting operator's wagering activities. These activities include reviewing operator compliance with responsible gambling obligations and elements of the *Authorised Betting Operations Gambling Code of Practice*. This includes obtaining a significant sample of customer and transaction data from betting operators.	Complete
### No testing performed to ensure mandated harm minimisation attributes for gaming machines are operating as intended An external firm engaged by CBS completed an audit of the Independent Gaming Corporation's gaming machine monitoring system in mid-2023 to test its compliance and operation. The audit identified no material findings and two improvement opportunities. In 2025, CBS, supported by GHS SA, facilitated a research project on the operation and effectiveness of the automated risk monitoring system used in licensed pubs and clubs. CBS received the research findings, which are in the final stages of review before consultation will occur on several recommendations relating to the system's operating parameters.	Complete

No evaluations performed to assess whether current regulatory approach is effectively minimising gambling harm CBS developed and embedded its Gambling Harm Minimisation Monitoring and Evaluation Framework in 2024. Processes for monitoring and evaluating the indicators used to assess the effectiveness and performance of compliance activities were partially embedded. Individual teams monitor these indicators and share insights at group meetings, but there is no consolidated data available for all the indicators. Opportunities to better view and compare the indicators using data analysis tools are being explored. Developing a strategic research agenda is a national project. CBS raised the need for a strategic research agenda with other gambling regulators across Australia and proposed that this work become a research topic for Gambling Research Australia. CBS activities continue to be informed by research developments through its intelligence team who keep up to date with research developments across CBS's regulatory areas.	Complete

4.3 Monitoring of progress to implement recommendations

Gambling Harm Support SA

DHS advised us that the status of our findings and recommendations is monitored through an audit actions register. The register is updated and reviewed quarterly by senior management and reported to its Risk Management and Audit Committee.

Consumer and Business Services

CBS advised us that bi-monthly updates about the progress of recommendations were reported to the Attorney-General's Department's Audit and Risk Committee until they were completed. The Department maintains a spreadsheet to track the status of planned actions to address audit recommendations across different business units, including CBS. It also records time frames and responsible officers for implementing each recommendation.

5 Managing access to mental health services

5.1 Background

In September 2022 we reported on whether SA Health had effective processes in place for the provision of access to mental health services. Our report made 22 recommendations to address gaps identified in key planning, monitoring and reporting processes.[4]

Most recommendations were made to the Department for Health and Wellbeing (DHW), with others directed to Wellbeing SA, the former SA Mental Health Commissioners and the Chief Psychiatrist, to action or work with DHW to implement.

Since our audit, there have been several developments, including:

- a single South Australian Mental Health Commissioner was appointed in 2023
- the *Preventive Health SA Act 2024* commenced, Preventive Health SA (PHSA) was established and the functions of Wellbeing SA transferred to PHSA
- the structure of DHW changed with the Office of the Chief Psychiatrist and the mental health strategy and planning branch separation
- the SA Mental Health Services Plan 2020–2025 expired.

5.2 Status of recommendations

We asked DHW and PHSA to assess their progress of nine selected recommendations. In May 2026, DHW reported that of these recommendations, four were completed, one was being progressed and three were no longer applicable. In June 2026, PHSA reported that its one selected recommendation was completed.

The recommendations assessed as no longer applicable relate to updating and finalising elements for monitoring and evaluating the SA Mental Health Services Plan 2020–2025. DHW advised us that it considers these recommendations to be no longer applicable due to developments since the audit, including:

- the Plan has expired and significant reforms have occurred to mental health planning, governance and oversight at both the state and national level
- mental health planning, performance monitoring and evaluation are now performed through a range of interconnected national and statewide mechanisms
- contemporary governance, planning and performance arrangements have replaced mechanisms that existed when the audit was conducted. These arrangements now support mental health system planning, oversight and accountability.

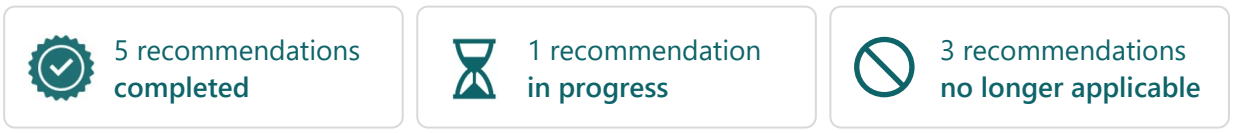
[4] Auditor-General's Report 6 of 2022 *Managing access to mental health services.*

DHW advised us that the intent of the recommendations is being addressed through broader system-wide processes and governance arrangements. It also advised that the scope and time frame to develop a new State mental health plan were not determined. Should a new plan be developed, DHW intends to include the elements of these recommendations.

A summary of the DHW and PHSA assessments and actions to address the recommendations is shown in figure 5.1.

See Appendix 2 for the selected recommendations in full.

Figure 5.1: Information provided by DHW and PHSA on implementation progress



Summary of PHSA self-assessment response	Status
The administrative arrangements in place to allow the SA Mental Health Commissioners to carry out their role and functions are not clear Following the appointment of the SA Mental Health Commissioner in October 2023, a memorandum of administrative arrangement (MOAA) with Wellbeing SA (now PHSA) was executed in December 2023. The MOAA is reviewed annually and sets the operational requirements from the Commissioner's Instrument of Appointment, including: • arrangements for the Commissioner to report and be accountable to the Minister for the performance of its functions • PHSA's role in providing secretariat and administrative support • details of financial authorisations and human resources delegations.	Complete

Summary of DHW self-assessment response	Status
The mental health services plan measures of success are not sufficiently detailed to enable evaluation The SA Mental Health Services Plan 2020-2025 has expired. DHW is now focused on initiatives and programs for the next five years. DHW is finalising a closure report to describe what the plan achieved and what will be taken forward into a national framework perspective. Any outcomes will be considered in developing the next plan. The development of an SA Mental Health Services Plan for 2026–2031 is not authorised yet, but DHW intends for it to include impact and outcome indicators to measure success. There are examples within current programs and new programs that will exist in the new plan of how impact and outcomes are being measured. This includes where significant work was undertaken for Kids Hubs to ensure the impact of new services is considered.	No longer applicable

Mental health plans do not describe current capacity or demand for mental health services DHW intend that a new South Australian mental health services plan will include data and information describing service capacity and demand. DHW currently identifies service capacity and demand and strategies to resolve gaps through various mechanisms, including the: • SA Health Inpatient Dashboard • SA Health Clinical Services Plan • National Mental Health Services Planning Framework. A report was commissioned by the Office of the Chief Psychiatrist about unmet mental health service needs in South Australia, which was published in February 2023. The purpose of the report was to further inform DHW of service gaps and guide future planning and resource allocation. The SA Government has partnered with South Australia's two primary health networks to develop the Joint Regional Mental Health and Suicide Prevention Plan 2026–2029, which will be published soon. The purpose of the plan includes to identify ways to plan for how services should be developed for regional areas to meet gaps.	Complete
Monitoring and evaluation processes not established for the mental health services plan and the health and wellbeing strategy The SA Mental Health Services Plan 2020–2025 has expired. The closure report will describe what the plan has achieved and will be considered in developing the next plan. DHW intends that any new South Australian mental health services plan for 2026 to 2031 would include monitoring and evaluation processes. New mental health services include or will include monitoring and evaluation processes where possible.	No longer applicable
Outcome measures yet to be established for the mental health services plan and health and wellbeing strategy The SA Mental Health Services Plan 2020–2025 has expired. DHW intends that any new South Australian mental health services plan for 2026 to 2031 would include impact and outcome measures. South Australia is part of national agreements that focus on establishing standardised metrics and improving data-sharing practices to track system performance and improve accountability.	No longer applicable
No established forward-looking indicators for mental health services DHW maintains a view of what has occurred across the mental health system for planning, decision making and monitoring system performance through various methods, including: • SA Health's Mental Health Steering Committee oversees system activities and reporting, while addressing priority and emerging issues	Complete

• indicators and performance measures exist in the SA Health service level agreements between DHW and local health networks, which are monitored and discussed every month • an inpatient dashboard is used to respond to system needs, and manage and monitor hospital patient flow, including the beds available for specific needs such as mental health presentations. At a national level, outcome measures are reported through the Australian Institute of Health and Welfare. Mental health service indicators and performance measures also exist through the National Mental Health and Suicide Prevention Agreement.	
Performance targets not established for key areas of access to mental health services See 'No established forward-looking indicators for mental health services' above for DHW's response to this recommendation.	Complete
Some key reports on mental health services are not timely due to complexities in data collection and analysis DHW's data analytics and insights branch completed a project in January 2026 to rebuild mental health data assets to improve data collection, management and quality assurance. DHW is now transitioning the new data assets into business-as-usual processing activity. The initial focus of the transition is to operationalise the data assets to ensure national funding submission compliance. DHW will then consider how the data assets may be operationalised to support other reporting and analysis requirements. In the intervening period, its data analytics and insights branch continues to support timely reports to the Chief Executive and Minister. Funding was approved to procure a statewide mental health and drug and alcohol services digital record system, with plans to integrate the system with its electronic medical records system (Sunrise). DHW will monitor progress of the procurement and system implementation to understand impacts from changes to source data systems on mental health data and reporting.	In progress
Reporting on mental health services does not provide information to highlight any gaps between services required and available DHW's response to the recommended action about obtaining information on gaps in demand and capacity to provide services is discussed under 'Mental health plans do not describe current capacity or demand for mental health services' above. DHW's response to the recommended action about demand and capacity reporting is provided under 'No established forward-looking indicators for mental health services' above.	Complete

5.3 Monitoring of progress to implement recommendations

DHW advised us that external audit recommendations are monitored using a register managed by its governance advisory services branch. When audits are completed, recommendations and actions are recorded in this register. Responsible officers and executives are assigned to each action to ensure they are implemented.

Quarterly updates on the status of actions are reported to DHW's Executive Committee, with similar reporting provided to DHW's Audit and Risk Committee.

6 SA Health's management of personal protective equipment

6.1 Background

In January 2022 we reported on the effectiveness of SA Health's planning, governance and distribution arrangements for ensuring personal protective equipment (PPE) supplies are readily available where and when needed. Our audit focused on PPE arrangements during 2021 while SA Health was responding to the COVID-19 pandemic.

Our report made 20 recommendations to SA Health including actions to:

- help it effectively meet PPE needs as COVID-19 community and business restrictions progressively reduced
- help it effectively prepare for any future health emergencies
- improve ongoing management of PPE and business-as-usual operations.[5]

6.2 Status of recommendations

We asked the Department for Health and Wellbeing (DHW) to assess its progress of six selected recommendations that relate to ensuring preparedness for any future health emergencies and PPE planning. In June 2026, it reported that of these recommendations, five were completed and one was being progressed. A summary of this assessment and DHW's actions to address the recommendations is shown in figure 6.1.

See Appendix 2 for the selected recommendations in full.

Figure 6.1: Information provided by DHW on its implementation progress

Summary of DHW self-assessment response	Status
SA Health does not have a clear role in meeting the PPE supply needs of other SA Government agencies and the State as a whole DHW considers the finding to be complete as SA Health's roles and responsibilities for supplying PPE to external organisations was clarified, documented and communicated. In a declared public health emergency, SA Health acts as the control agency and takes on a designated role for relevant disease control PPE.	Complete

[5] Auditor-General's Report 2 of 2022 *SA Health's management of personal protective equipment.*

The PPE distribution matrix and the PPE distribution and prioritisation process were updated and documented. The documents were then distributed to members of the PPE and Pharmacy Group and published on the SA Health intranet. Information on PPE supply arrangements for external organisations was published on the SA Health website but the specific web page is currently not active. To address this, DHW will review its public communication of these roles and responsibilities.	
SA Health's demand forecasting methodology does not include elements necessary to effectively forecast PPE demand In late 2021, SA Health received a PPE modelling report prepared by the University of Adelaide ahead of the State's borders reopening. The forecasting methodology and underlying assumptions were then regularly reviewed to ensure they remain appropriate. This included consideration of changes to clinical guidance on PPE use that may impact demand. Forecast outcomes were regularly compared against actual results to test the reliability of the demand forecasting model. Since then, SA Health established a demand planning function and an updated forecasting methodology across the SA Health system. DHW developed analytical models to support demand planning and proactive monitoring of PPE stock. The current inventory policy objective is to maintain about three months of strategic buffer stock for PPE items.	Complete
SA Health's emergency PPE stock holding model is not supported by documented analysis and sound evidence DHW considers that the recommendation was completed in February 2023 as SA Health had completed the following actions: • The University of Adelaide's PPE model was used by SA Health for demand planning including the expected demand for PPE during the peaks and drops of an outbreak. • Data models were developed which regularly review the minimum and maximum stock levels of all items. Reports for PPE items and categories were also developed. • Regular meetings with contract management and inventory teams were held to discuss PPE holding and usage trends. This supported an agile demand planning process and identifying timely changes to existing minimum and maximum stock levels of items. The demand planning team reviews the emergency stock holding model in line with SA Health's inventory stocktake and adjustment protocols and supporting guide.	Complete
SA Health's stockpiling arrangements for PPE in a viral respiratory disease pandemic are unclear DHW considers that the recommendation was completed in October 2022 as SA Health had performed the following actions: • The supply of PPE met demand due to significant investment and increase in manufacturing of these items. • Significant stockpiles of all PPE related items were held based on current average daily usage across all local health networks (LHNs).	Complete

• Stocks had minimum holding levels, which were increased and periodically reviewed based on actual usage. • The PPE dashboard provided information about LHN stockholding and usage. Since then, DHW regularly shares stock levels with LHNs through its health services support teams and established processes to manage PPE stockpiles. Its updated PPE distribution prioritisation process provides clarity of the current planned approach for PPE distribution in a health emergency and supersedes the arrangements outlined in the PPE distribution sub-plan.	
SA Health does not have an up-to-date strategic procurement plan for PPE SA Health applies a category management approach for procurement. PPE is a sub-category to the overall medical consumable category. Overall medical consumable procurement strategies are reviewed and updated through a structured process that considers supply risk, demand forecasts, storage capacity and preparedness for future emergencies. This provides an appropriate strategic procurement framework. SA Health also completed the following actions in February 2023 to address this recommendation by implementing: • an evidence-based PPE demand planning and stock management framework that utilises the University of Adelaide's PPE model • dynamic minimum and maximum stock level reviews • PPE-specific reporting • regular contract management and inventory oversight meetings to monitor usage trends and adjust stock holdings as required. The emergency stock holding model continues to be reviewed in accordance with SA Health's inventory stocktake and adjustment protocols and supporting guide. To reflect this work, SA Health is in the process of consolidating the above actions into a standalone strategic procurement plan for PPE.	In progress
Imprest owners do not receive sufficient information about PPE items that are low in supply or are unavailable PPE inventory processes, system functionality and reporting were enhanced to provide imprest owners with timely and reliable information. This includes developing a PPE dashboard report of stock availability. Regular reporting through its health services support teams makes local health networks aware of the availability of PPE stock items.	Complete

6.3 Monitoring of progress to implement recommendations

DHW advised us that external audit recommendations are monitored using a register managed by its governance advisory services branch. When audits are completed, recommendations and actions are recorded in this register. Responsible officers and executives are assigned to each action to ensure they are implemented.

Quarterly updates on the status of actions are reported to DHW's Executive Committee, with similar reporting provided to DHW's Audit and Risk Committee.

Appendix 1 – Review mandate, objective and scope

Our mandate

The Auditor-General has authority to conduct this review under section 36(1)(b) of the *Public Finance and Audit Act 1987*. This section allows the Auditor-General to report on matters that, in their opinion, should be brought to the attention of Parliament and the Government.

Our objective

To report on how SA Government agencies are progressing with recommendations made in performance audits we completed between 2022 and 2024.

What we reviewed and how

Our review includes recommendations from five State Government performance audits we completed between 2022 and 2024. We selected this period to ensure that agencies have had time to progress actions to implement the recommendations.

We made 128 recommendations across the five performance audits. In this review we selected 64 recommendations to follow up by considering:

- how significant each recommendation is to the performance of the activities
- whether recommendations are still relevant and relate to ongoing activities
- whether recommendations were reported to Parliament or only communicated directly to the agency.

We then asked agencies to assess their progress in addressing the recommendations using the following assessment criteria.

Status	Definition
Complete	The recommended action has been fully implemented or other action completed that address the issues that led to the recommendation. Ongoing business as usual operations have been revised where relevant and no further action is required.
Partially completed	The agency accepted part of the recommendation and has completed action to address the part it accepted. No further work is planned to fully implement the recommendation.
In progress	Action to address the recommendation has started. Further work is required and planned to fully implement the recommendation.
No action to date	No action has been taken to address the recommendation as existing processes are considered adequate.
No longer applicable	There has been a significant change in circumstances that have made the recommended action no longer applicable or relevant.

We also asked agencies:

- to explain the action they have taken to address each selected recommendation, any plans for future action and if no action was taken, why this is the case
- to provide supporting documents for some recommendations, mainly for actions assessed as completed
- to detail their process for monitoring the status of the recommendations.

We reviewed agency self-assessments to check if the status of the recommendations was consistent with the actions they told us they had completed or planned. Our review of the documents provided mainly focused on recommendations that agencies assessed as completed. We did this to check that the documents referred to in the self-assessment responses exist and include specific elements referred to in the recommendation.

What we did not review

We did not conduct this review under the Australian Standard on Assurance Engagement *ASAE 3500 Performance Engagements* as we did not assess and conclude on the effectiveness of the actions taken by agencies to address the recommendations.

Appendix 2 – Original recommendations made to agencies

Report 8 of 2024 *Managing homelessness services*

Selected recommendations assessed by the Department of Human Services

Strategic planning does not reflect a whole-of-system approach or current operating environment

SAHT should update its strategic plan for specialist homelessness services to ensure it:

- clearly reflects its current strategic approach for the whole specialist homelessness services system, capturing both alliance and directly contracted homelessness services
- outlines how it plans to address the current challenging operating environment for specialist homelessness services, including how it intends to meet service demand
- clearly identifies measures of success.

SAHT should ensure ongoing reporting is provided to its Board and Executive on the implementation of the updated strategy, including progress against the measures of success.

SAHT should also review and update the Alliance Management Framework to reflect current alliance management and governance arrangements. This includes considering whether a single management framework covering both alliance and directly contracted homelessness services should be established or whether separate management frameworks for the different service delivery models are more appropriate.

SAHT has not identified the level of unmet need

SAHT should:

- regularly monitor service providers to ensure unassisted requests for service and unmet need are consistently and completely recorded in its client management system
- complete a study into the unmet need for homelessness support services and a stocktake of its current services to determine the funding required to adequately meet the needs of people experiencing or at risk of homelessness
- assign clear responsibility for regular ongoing monitoring of unassisted requests for service, unmet need and service gaps across the system, and develop responses to trends, issues and risks identified.

SAHT should consider exploring options to better understand the 'true' or actual need for specialist homelessness services across the State and how it can improve the awareness and reach of its services.

There is limited guidance for service providers on service eligibility and prioritisation processes

SAHT should, in collaboration with its service providers, develop and implement guidance to help service providers prioritise their services to ensure resources are allocated to those most in need. This guidance should set out:

- eligibility criteria for services
- the risk assessment approach to be adopted for different client types

- risk and need classifications and definitions (such as classification of client cohorts and population groups as high, medium and low priority)
- service prioritisation protocols (such as high-level mapping of service responses to client risk and triage classifications).

Further, this guidance should be tailored to the factors that impact each service type. Once the guidance is implemented, SAHT should update its monitoring and reporting processes to ensure service providers conduct their activities in line with the guidance and clients are referred to all the services they should be based on their assessed risk profile and need.

SAHT has not finalised its outcomes measurement framework

SAHT should develop and approve plans with key deliverables, tasks, timelines and allocated responsibilities to support the implementation and adoption of its Outcomes Framework.

SAHT should continue its work to finalise and implement its Outcomes Framework including:

- finalising the Closing the Gap focus area of the framework in partnership with Aboriginal people
- finalising measures for framework indicators
- finalising the specifications for each framework measure, focusing on establishing baselines
- comparing data currently available against the finalised measures and addressing any data gaps
- prioritising data collection needs to ensure data is collected on the most important measures first
- providing training and guidance to service providers to embed the framework and an outcomes focus across the sector.

Once the framework is finalised and implemented SAHT should:

- start monitoring and reporting on progress against set baselines, trends and targets for each measure
- establish set review points to consider how well the Framework is working for the sector.

The existing client management system (H2H) does not meet data requirements

SAHT should develop a business case and seek approval and funding to redevelop H2H in line with the Homelessness System Review Project recommendations. In doing this SAHT should ensure the system:

- effectively supports the implementation of the Outcomes Framework
- actions the system improvements identified through user and sector feedback.

In implementing the Outcomes Framework, updating systems and reviewing data collection requirements, SAHT should consider the administrative burden on service providers and ensure that only relevant data with demonstrable value is required to be collected and recorded.

Gaps in key areas of contract performance management

SAHT should:

- hold regular performance meetings with directly contracted homelessness service providers to give them timely feedback and promptly inform them of any performance issues
- conduct performance contract reviews in line with SAHT procedures
- ensure service providers develop and implement corrective action plans for all areas where performance targets for KPIs have not been achieved
- establish processes to measure and report on key result areas in alliance agreements

- develop an evaluation plan for individual specialist homelessness services, prioritising the evaluation of services based on their value, strategic importance, risk and complexity.

Alliance System Steering Group (ASSG) has not effectively overseen the specialist homelessness services system

SAHT should establish its proposed new sector governance group to replace the lapsed ASSG as soon as practical. The new group should:

- oversee the delivery of services across the system and provide advice and recommendations to SAHT on:
  - consistency in service practices
  - minimising service duplication and overlap
  - coordinating activities and initiatives
  - sharing lessons and innovation opportunities
  - risks and issues impacting the services
- monitor the homelessness service sector's performance in achieving the system wide outcomes for specialist homelessness services set out in the Outcomes Framework and respond to identified performance trends as appropriate.

The new sector governance group's objectives, roles, responsibilities and membership should be clearly documented and agreed in terms of reference, including its responsibilities for both alliance and directly contracted homelessness services.

Limited reporting to SAHT's Board and Executive on specialist homelessness services performance

SAHT should provide ongoing reporting to its Board and Executive on specialist homelessness services performance, including:

- performance against the performance measures established to assess whether SAHT's system-wide outcomes for specialist homelessness services are being achieved
- performance against KPIs and other metrics included in funding agreements
- trends in unmet need and implications for service delivery and funding.

SAHT should also ensure the performance information it provides to its Board and Executive is timely.

Coordination with other government agencies to achieve intended outcomes could be improved

SAHT should consider engaging with other relevant SA Government agencies to:

- explore opportunities to share data sets for outcomes measurement purposes and better understand the inflows of clients into specialist homelessness services
- clarify respective responsibilities and accountabilities for outcomes in the Outcomes Framework
- set up a cross-agency governing body focused on overseeing strategies to achieve the outcomes in the Outcomes Framework.

Report 9 of 2023 *Climate change risk management*

Selected recommendations assessed by the Department for Environment and Water

Central guidance on climate risk management for SA Government agencies

When the Climate Ready Agency Framework and Climate Risk Management Guide are finalised and approved for circulation, we recommend that DEW consider:

- communicating with all government agencies to ensure that they are informed about the availability of the documents
- implementing a process to address questions and queries from government agencies on the application of the framework and the guidelines.

Assignment of across government climate related roles and responsibilities

DEW should continue to work with central agencies such as the Department of Treasury and Finance and the Department of the Premier and Cabinet to:

- implement an authorising environment for the implementation of climate risk management across government that will clearly document the specific roles and responsibilities for SA Government agencies
- promote the delivery of the state government's objective to embed climate change risk management into government policy and practice.

Allocation of roles and responsibilities should include:

- requirements at the individual agency level for climate risk management
- arrangements for ongoing agency training and support
- central review and monitoring functions which help to ensure that agencies are effectively implementing climate risk management
- reporting requirements within SA Government to facilitate monitoring and review processes.

Ongoing processes to understand climate risk priorities for the State

We recommend that DEW work with central government agencies, such as the Department of the Premier and Cabinet and the Department of Treasury and Finance to establish an on-going whole-of-state level climate risk monitoring function. Arrangements for whole-of-state level climate risk monitoring should be built into the climate risk management framework and guidance.

In establishing and implementing a central monitoring function, consideration should be given to:

- developing a clear purpose statement for the central review function and how key risks and associated risk treatments will be addressed at a state level (eg development of action plans and resource allocations as agreed by agencies)
- clear allocation of responsibilities for the monitoring of agency and SA Government agencies that are impacted by key risks
- the information requirements for the central monitoring agency to effectively perform the role.

Approach to climate risk management and guidance provided to staff

DEW should establish its approach for identifying and managing climate risks at the strategic and operational levels. In doing this it should:

- review and update its existing risk management framework, policy procedure to include the approach for climate risk management
- reflect the organisation's particular circumstances and risk profile
- outline a clear and consistent approach for when and how climate risk assessments are to be undertaken
- consider roles and responsibilities and reporting arrangement.

DEW should provide staff with details and guidance on the key elements and processes for climate risk assessments and the characteristics of assessing and managing climate risks that are different to other risk assessment processes. This should include:

- guidance on processes for identifying relevant climate variables that could impact DEW's objectives, functions and activities
- guidance on selecting time horizons for risk assessments including instances where use of multiple time horizons should be considered
- information about using climate projections and emission scenarios to support the assessment of climate risks.

When establishing the climate risk management approach and the guidance to be provided to staff, DEW should consider the draft Climate Change Risk Management Guide for Parks in South Australia and the guidance materials being prepared for SA Government agencies by the Climate Change Group. Using these documents may help to streamline the development of the approach and guidance for the whole agency.

Strategic climate risk assessment

When conducting its strategic climate risk assessment, planned for later this year as part of the annual review of its Strategic Risk Register, DEW should identify which of its objectives, functions, assets and operational areas face greater climate risks and warrant more detailed risk assessment. This will help to prioritise the areas requiring action and indicative time frames for required actions.

The outcomes of the strategic climate risk assessment should be documented. For example, it would be useful to document consideration of the different climatic hazards, such as increased temperature, increased occurrence and severity of drought and increased sea-level rise, against DEW's key functions and strategic objectives. This will then provide support for any additional strategic risks that are brought into the strategic risk register.

After the assessment, DEW should consider whether its needs to adapt its strategic planning to manage any significant climate risks to its objectives and functions.

Operational climate risk assessments

DEW should undertake climate risk assessments for its key functions and operational areas. The priority for undertaking climate risk assessments may be driven by the strategic climate risk assessment.

These climate risks assessments should apply key elements that are currently accepted as good practice, which include:

- identifying relevant climate variables to be assessed based on an understanding of how past and current natural hazards and climate trends affect the operational activity
- identifying the time horizon(s) for the assessment and if multiple time frames are needed to assess whether and how risks are projected to change over time (near-term, mid-term and long-term)
- using best available climate information and data including climate projections based on emission scenarios from the best available science. Where there are limitations in the available information and data, operational areas should work with the Science and Information Branch or other authorities to obtain or develop useful data and information
- considering the effectiveness of existing controls and assessing the consequence and likelihood of identified risks to prioritise them
- identifying treatments for priority risks that are specific, measurable, achievable, realistic and timely
- engaging with stakeholders throughout the risk assessment process to develop a shared understanding of climate risks and identify appropriate response actions.

Where operational climate risk assessments need to be undertaken, consideration should be given to any useful information which has already been collected in developing existing strategies and plans.

Roles and responsibilities for climate risk management

DEW should define who is responsible for overseeing and managing climate risks while it builds its maturity and capability and integrates climate risk into existing risk management processes. In doing this, DEW should:

- consider roles and responsibilities for various staff across operational areas and governance groups for overseeing and managing climate risks. This should include the Executive Committee, Risk and Performance Committee and other key groups
- record details of roles and responsibilities in relevant governance documents such as the risk management framework and terms of reference for the oversight bodies identified as responsible for climate risk management (for example the Risk and Performance Committee)
- consider who is responsible for monitoring external developments (eg release of new climate change data and projections) to identify and integrate relevant information into DEW's climate risk management process.

Climate risk management capability

DEW should define a target level of climate risk management capability (eg knowledge, skills and experience). In determining this it should consider its objectives, functions and size.

DEW should assess its current level of climate risk management capability. In completing this assessment, DEW should consider:

- the extent that climate risk assessments are undertaken across the organisation
- knowledge, skills and experience of staff including technical expertise
- knowledge about emissions scenarios and climate projections and how they are used
- the extent that climate risk has been embedded into existing risk management practices and policies and procedures.

Where gaps are identified in current practices, skills and knowledge, DEW should develop a plan that identifies:

- the actions needed to move from its current to its target capability
- time frames for implementing actions
- responsible officers.

For identified gaps, the plan should include actions for how staff will obtain the required technical knowledge and skills to assess and manage climate risks. This may include considering accessing expertise from external organisations and/or collaborating with other government agencies for instances where the required knowledge and skills do not exist within DEW. The capability assessment outcomes, and the progress of implementing planned actions, should be reported to key people and/or groups with governance responsibility. This includes the Chief Executive, the Executive Committee and the Risk and Performance Committee.

Reporting on climate risks to key oversight groups

As part of determining how it manages climate risks, DEW should consider and establish arrangements for reporting climate risk management actions and results. In doing this, DEW should:

- determine which persons and groups should receive information on climate risks, the nature of information to be reported and the frequency of reporting
- consider arrangements for reporting the outcomes of climate risk assessments
- ensure that reporting includes information on DEW's capacity to implement treatments to mitigate identified climate risks
- consider the information needed to assess the progress and effectiveness of actions taken to manage risks.

Report 9 of 2023 *Climate change risk management*

Selected recommendations assessed by the Department for Infrastructure and Transport

Approaches to climate risk management

DIT should establish its approach to identifying and managing climate risks:

- at the strategic level
- for operational areas, including existing assets and infrastructure that face greater climate risks and require detailed climate risk assessments.

In doing this it should:

- reflect the organisation's particular circumstances and risk profile
- outline a clear and consistent approach for when and how climate risk assessments for these areas are to be undertaken
- consider roles and responsibilities and reporting arrangements
- update relevant documents to include details of the approach.

Strategic climate risk assessment

DIT should undertake a strategic climate risk assessment to identify which of its objectives, functions, assets or operational areas face greater climate risks and warrant more detailed risk assessment or some other action. In doing so, consideration should be given to prioritising the areas requiring attention and time frames.

The strategic climate risk assessment, including outcomes, should be documented. After the assessment, DIT should consider whether it needs to adapt its strategic planning to manage any significant climate risks to its objectives and functions.

Climate risk assessments for existing assets and infrastructure

Where DIT identifies the need to undertake detailed climate risk assessments for existing assets and infrastructure, it should complete them in line with established requirements and guidance. Consideration should be given to any useful information which has already been collected in developing existing hazard management plans. These climate risks assessments should apply key elements that are currently accepted as good practice, which include:

- identifying relevant climate variables to be assessed based on an understanding of how past and current natural hazards and climate trends affect the operational activity
- identifying the time horizon(s) for the assessment and if multiple time frames are needed to assess whether and how risks are projected to change over the expected life of the assets (near-term, mid-term and long-term)
- using best available climate information and data including climate projections based on emission scenarios
- considering the effectiveness of existing controls and assessing the consequence and likelihood of identified risks to prioritise them
- identifying treatments for priority risks that are specific, measurable, achievable, realistic and timely
- engaging with stakeholders throughout the risk assessment process to develop a shared understanding of climate risks and identify appropriate response actions.

Integrating climate change into asset management planning

DIT should include climate change risk considerations in its asset management strategies, plans, practices and guidance. In doing this, it should consider:

- which asset management objectives and performance measures are most susceptible to and affected by climate risks
- asset performance and condition including tolerance of assets to climate change risks and how assets have been and are projected to be affected by climate change
- climate change impacts on customer and service outcomes
- how climate change impacts are considered in the lifecycle management of the assets
- how climate risks are considered in maintenance planning and how maintenance programs can be adjusted to account for projected changes in climate
- monitoring and reporting processes for climate risks
- processes to transfer residual climate risks from design and construction of new assets to asset managers and operational risk owners
- how actions for responding to the potential impacts of climate change are considered as part of asset investment strategies.

Roles and responsibilities for climate risk management

DIT should define who is responsible for the oversight of climate risks and the management of them while it continues to build its maturity and capability and integrates climate risk into existing risk management processes. In doing this, DIT should:

- consider roles and responsibilities of operational areas and governance groups for overseeing and managing climate risks. For example, the roles and responsibilities of the Strategic Executive Committee, Performance and Risk Committee and areas such as the Safety, Security, Risk and Emergency Management directorate
- consider roles and responsibilities of Planning and Technical Services including their role in monitoring and reviewing DIT's climate risk management practices and processes and assessing DIT's capability and identifying and monitoring actions to improve this
- record details of roles and responsibilities in relevant documents and then communicate them to staff. For example, the Enterprise Risk Management Framework, Climate Change Adaptation Guideline and terms of reference for the oversight bodies identified as responsible for climate risk management
- consider who is responsible for monitoring external developments (eg release of new climate change data and projections) to identify and integrate relevant information into DIT's climate risk management processes.

Climate risk management capability

DIT should define a target level of climate risk management capability (eg knowledge, skills and experience). In determining this it should consider the context of its objectives, functions and size.

DIT should assess its current level of climate risk management capability. In completing this assessment, it should consider:

- the extent that climate risk assessments are undertaken across the organisation
- knowledge, skills and experience of staff including technical expertise
- knowledge about emissions scenarios and climate projections and how they are used
- the extent that climate risk has been embedded into existing risk management practices and policies and procedures.

Where gaps are identified in current practices, skills and knowledge, DIT should develop a plan that identifies:

- the actions needed to move from its current to its target capability
- time frames for implementing actions
- responsible officers.

For identified gaps the plan should include actions for how staff will obtain the required technical knowledge and skills to assess and manage climate risks. This may include considering accessing expertise from external organisations and/or government agencies for instances where the required knowledge and skills does not exist within DIT. In building capability, DIT should take opportunities for its staff to learn from, collaborate and make use of technical experts within the organisation and activities and initiatives led by other SA Government agencies. For example, DEW's plan to provide training to agencies on climate risk management. The capability assessment outcomes, and the progress of implementing planned actions, should be reported to key people and/or groups with oversight responsibility. For example, the Strategic Executive Committee and the Performance and Risk Committee.

Reporting on climate risks to senior management and key oversight groups

As part of maturing its climate risk management practices, DIT should consider and establish arrangements for reporting climate risk management actions and results. In doing this, DIT should:

- determine which persons and groups should receive information on climate risks, the nature of information to be reported and the frequency of reporting
- consider arrangements for reporting the outcomes of climate risk assessments and capability assessments including updates from Planning and Technical Services
- ensure that reporting includes information on DIT's capacity to implement treatments to mitigate identified climate risks
- consider the information needed to assess the progress and effectiveness of actions taken to manage risks.

Report 9 of 2023 *Climate change risk management*

Selected recommendations assessed by the South Australian Water Corporation

Approach to climate risk management and guidance provided to staff

SA Water should establish its approach for identifying and managing climate risks at the strategic and operational levels including key services and assets. In doing this it should:

- reflect the organisation's particular circumstances and risk profile
- outline a clear and consistent approach for when and how climate risk assessments are to be undertaken
- consider roles and responsibilities and reporting arrangements
- review and update its risk management framework and/or other relevant documents to include the approach for climate risk management.

SA Water should provide staff with details and guidance on the key elements and processes for climate risk assessments and the characteristics of assessing and managing climate risks that are different to other risk assessment processes. This should include:

- guidance on processes for identifying the relevant climate variables that could impact SA Water's objectives, functions and operational activities
- guidance on selecting time horizons for risk assessments including instances where use of multiple time horizons should be considered
- information about using climate projections and emission scenarios to support the assessment of climate risks
- guidance for engaging with stakeholders as part of climate risk assessment processes
- references to information and tools available within SA Water, the SA Government and externally to support staff to identify, assess, prioritise and manage climate risks.

When the Department for Environment and Water's (DEW's) climate risk management guidance materials are finalised SA Water should review these to determine whether any updates are required to its approach and guidance.

Climate risk management practices for new capital projects

SA Water should consider the outcomes and lessons learned from climate risk assessments undertaken for pilot projects. It should then establish requirements and practices for climate risk assessments in delivering new capital projects.

This should include identifying the characteristics of new capital projects which trigger the need for climate risks to be assessed. Some characteristics that SA Water should consider include:

- how important and critical the new infrastructure asset is to SA Water's functions and its ability to achieve its strategic objectives
- the financial and strategic value of the capital investment
- the expected lifetime of the new infrastructure asset
- whether the new infrastructure asset is associated with an area with higher exposure to climate hazards such as flooding, bushfire, storms, or heat.

Strategic climate risk assessment

SA Water should undertake a strategic climate risk assessment to identify which of its objectives, functions, assets or operational areas face greater climate risks and warrant more detailed risk assessment or some other action. In doing so, consideration should be given to prioritising the areas requiring attention and time frames.

The strategic climate risk assessment, including outcomes, should be documented. After the assessment, SA Water should consider whether it needs to adapt its strategic planning to manage any significant climate risks to its objectives and functions.

Operational climate risk assessments

SA Water should undertake climate risk assessments for its key functions and operational areas (including existing assets and infrastructure). The priority for undertaking climate risk assessments may be driven by the strategic climate risk assessment or informed by outcomes of vulnerability assessments.

These climate risks assessments should apply key elements that are currently accepted as good practice, which include:

- identifying relevant climate variables to be assessed based on an understanding of how past and current natural hazards and climate trends affect the operational activity
- identifying the time horizon(s) for the assessment and if multiple time frames are needed to assess whether and how risks are projected to change over time (near-term, mid-term and long-term)
- using climate information and data including climate projections based on emission scenarios from the best available science
- considering the effectiveness of existing controls and assessing the consequence and likelihood of identified risks to prioritise risks
- identifying treatments for priority risks that are specific, measurable, achievable, realistic and timely
- engaging with stakeholders throughout the risk assessment process to develop a shared understanding of climate risks and identify appropriate response actions.

Integrating climate change into asset management planning

SA Water should include climate change risk considerations in its asset management strategies, plans, practices and guidance. In doing this, it should consider:

- which asset management objectives and performance measures are most susceptible to and affected by climate risks
- asset performance and condition including tolerance of assets to climate change risks and how assets have been and are projected to be affected by climate change
- climate change impacts on customer and service outcomes
- how climate change impacts are considered in the lifecycle management of the assets
- how climate risks are considered in maintenance planning and how maintenance programs can be adjusted to account for projected changes in climate
- monitoring and reporting processes for climate risks
- processes to transfer residual climate risks from design and construction of new assets to asset managers and operational risk owners
- how actions for responding to the potential impacts of climate change are considered as part of asset investment strategies.

Roles and responsibilities for climate risk management

SA Water should define who is responsible for overseeing and managing climate risks while it builds its maturity and capability and integrates climate risk into existing risk management processes. In doing this, SA Water should:

- consider roles and responsibilities of operational areas and governance groups for overseeing and managing climate risks. For oversight of climate risks, this should include the role of the SA Water Board, Senior Leadership Team, the Energy Climate Change Sustainability Steering Committee, the Governance, Finance and Risk Committee, the Risk team and other key groups
- record and communicate to staff details of roles and responsibilities in relevant governance documents such as the risk management framework and terms of reference for the oversight bodies identified as responsible for climate risk management
- consider who is responsible for monitoring external developments to identify and integrate relevant information into the climate risk management process (for example, release of new climate change data and projections).

Climate risk management capability

SA Water should define a target level of climate risk management capability (eg knowledge, skills and experience). In determining this it should consider the context of its objectives, functions and size. SA Water should assess its current level of climate risk management capability. In undertaking this assessment, it should consider:

- the extent that climate risk assessments are undertaken across the organisation
- knowledge, skills and experience of staff including technical expertise
- knowledge about emissions scenarios and climate projections and how they are used
- the extent that climate risk has been embedded into existing risk management practices and policies and procedures.

Where gaps are identified in current practices, skills and knowledge, SA Water should develop a plan that identifies:

- the actions needed to move from its current to its target capability
- time frames for implementing actions
- responsible officers.

For identified gaps the plan should include actions for how staff will obtain the required technical knowledge and skills to assess and manage climate risks. This may include considering accessing expertise from external organisations and/or government agencies for instances where the required knowledge and skills do not exist within SA Water. In building capability, SA Water should take opportunities to learn from, collaborate and make use of its technical experts within the organisation and activities and initiatives led by other SA Government agencies. For example, DEW's plan to provide training to agencies on climate risk management. The capability assessment outcomes, and the progress of implementing planned actions, should be reported to key people and/or groups with governance responsibility. For example, the Senior Leadership Team, the Energy Climate Change Sustainability Steering Committee and the Governance, Finance and Risk Committee.

Reporting on climate risks to key oversight groups

SA Water should review and update its arrangements for reporting climate risk management actions and results as part of addressing gaps identified in its enterprise risk management reporting and escalation processes. In doing this, SA Water should:

- determine which persons and groups responsible for governance should receive information on climate risks, the nature of information to be reported and the frequency of reporting
- consider arrangements for reporting the outcomes of climate risk assessments including water security risk assessments
- ensure that reporting includes information on SA Water's capacity to implement treatments to mitigate identified climate risks
- consider the information needed to assess the progress and effectiveness of actions taken to manage risks.

Report 3 of 2023 *Gambling harm minimisation*

Selected recommendations assessed by Gambling Harm Support SA

Monitoring and evaluation framework for GRF investment plan is not yet fully implemented and operational

The Office for Problem Gambling (OPG) should complete its implementation of the monitoring and evaluation framework, including:

- ensuring the first-year evaluation of investment plan outcomes by the research team is finalised
- finalising the identification of data collection activities for all key performance measures and confirming these activities are feasible within existing system and resource constraints
- setting baseline data using 2021-22 data to enable tracking of trends against key performance measures across time (eg tracking whether awareness of gambling help services is increasing and leading to increased numbers of clients accessing the services)
- developing specific quantitative and/or qualitative targets for all key performance measures.

Further data and research are required to understand and monitor current gambling harm trends

OPG should regularly collect and monitor data on the proportion of South Australians engaging in moderate to high-risk gambling behaviour, for example through gambling prevalence studies similar to the one OPG commissioned in 2018. Given the significant cost of studies of this nature, it is appropriate to perform them only periodically (eg every five years).

OPG should also regularly collect data to monitor trends in gambling harm indicators at the total South Australian population level in between prevalence studies, such as average annual gambling expenditure and losses per South Australian adult.

This includes obtaining data on average annual gambling expenditure and losses for consumers of each type of gambling product where feasible (eg what does the average gaming machine user or online sports bettor spend and lose per year). This will provide an indication of whether gambling expenditure and losses, and therefore the likely level of gambling harm, is trending differently across each type of gambling product.

This information should be used to inform decisions on strategic priorities in the GRF investment plan.

Obtaining client and community feedback on counselling services will help to measure the achievement of investment plan goals

OPG should explore ways to get the views of clients on whether gambling help services meet their needs and have helped them with their gambling behaviours to reduce gambling harm.

This information should be used by OPG and service providers to assess whether the 'gambling behaviours improve within GHS clients to reduce gambling harm' key performance measure has been met, provide insights on how clients view their experience and identify potential improvement opportunities for service delivery design and counsellor training.

This could include a range of options such as:

- ensuring people with lived experience of gambling harm have input into OPG's strategic direction
- consulting with current and past clients on the design of gambling help services when recommissioning services
- providing the option for clients to give feedback when completing their journey through the system and recording this feedback in the client data set
- obtaining client perspectives through the lived experience program
- researching why people have dropped out of the help service system or have not used the services on offer.

Sustainability of the GRF funding model not assessed

OPG should formally assess the sustainability of the GRF funding model based on:

- legislated objectives of the GRF
- investment plan strategic priorities, programs and projects
- planned monitoring, evaluation and research activities
- current legislated contribution arrangements.

Any sustainability risks for the GRF identified through this assessment should be addressed with the Department of Treasury and Finance through the annual budget process.

No reporting to governance oversight committee on progress against GRF investment plan for over 12 months

OPG should provide the Client Services and Partnerships Committee with the following reporting to enable effective ongoing oversight of the GRF investment plan:

- regular status reports on key GRF investment plan projects (eg traffic light reports)
- the final evaluation report on first-year outcomes under the GRF investment plan
- any evaluation reports prepared for the remainder of the period covered by the current GRF investment plan.

As evaluation reporting against the monitoring and evaluation framework builds an evidence base of what activities are most effective in minimising gambling harm in South Australia, the Client Services and Partnerships Committee should consider lessons from the reporting to prioritise future GRF investments.

Performance measures for gambling help services do not enable effective assessment of contracted service outcomes

OPG should confirm how key performance measures in the monitoring and evaluation framework will be applied, measured and monitored at the gambling help service level and update service contract and client data set requirements accordingly. This includes:

- developing an implementation plan to clearly outline the required steps, time frames and assigned responsibilities for rolling out the measures and new reporting and client data set data requirements for gambling help service providers
- setting consistent performance measures for similar types of services
- setting targets for key performance measures in gambling help service contracts
- providing training and guidance to gambling help service providers on how the key performance measures should apply in practice.

We also recommend OPG consider whether output and outcome measures over and above those in the monitoring and evaluation framework are needed for a more complete picture of performance, such as performance measures for client data set data quality and training and development of gambling help service provider staff.

Once implemented, OPG should review performance measures and targets regularly to ensure they remain fit for purpose and reflect any changes in service delivery expectations.

Approach to managing gambling help service contracts was unclear and did not prioritise performance monitoring activities based on risk

OPG should document an approach to managing gambling help service contracts that clearly defines roles and responsibilities and the activities to be performed to assess, monitor and report on gambling help service performance.

The approach should effectively prioritise activities towards higher risk gambling help services and consider factors such as:

- the number of clients accessing the service
- the vulnerability of the client cohort
- the rate of dropout and number of uncompleted episodes
- contract funding amounts
- the importance of the gambling help service to strategic priorities and goals in the investment plan.

OPG should also consider whether any training or development is needed for contract managers to effectively undertake the new approach.

Limited information on gambling help service performance provided to those responsible for oversight

OPG should prepare annual contract review reports in line with required time frames to ensure timely information on gambling help service performance is provided to the contract owner. These reports should adequately capture information needed to effectively oversee gambling help service performance, for example:

- progress against performance measures
- status and outcomes of performance reviews completed with service providers
- key risks and issues
- required corrective actions
- learnings and updates on improvement activities.

Report 3 of 2023 *Gambling harm minimisation*

Selected recommendations assessed by Consumer and Business Services

Regulatory compliance program is not informed by a comprehensive and systematic assessment of risks

CBS should:

- establish a risk management framework to promote a structured and consistent approach to identifying and assessing compliance risks related to minimising gambling harm
- complete an overarching risk assessment on the gambling industry and all regulatory requirements to identify areas at higher risk of non-compliance and/or gambling harm, informed by relevant data, intelligence and information.

This overarching risk assessment should be used to inform the development of the gambling regulatory compliance program, including:

- prioritising areas of focus and allocating resources towards areas of higher risk of gambling harm
- tailoring the nature and extent of compliance activities proportionately to the assessed level of risk.

Use of data and intelligence to inform compliance risk assessments and target compliance activities is limited

CBS should:

- continue its work on exploring what data and intelligence is available and use this to inform its compliance risk assessments and compliance activity planning
- develop and implement an information management framework that defines:
  - what data and intelligence it will collect and how it will be used to inform its compliance planning activities
  - how each data and intelligence source will be stored in CBS systems so that it is accessible and secure
  - quality assurance processes to verify that the data and intelligence it collects is accurate and complete.

Operational plan supporting implementation of Gambling Regulation Strategic Plan is in draft and does not identify timelines and success measures

To support the successful implementation of harm minimisation strategies in the Gambling Regulation Strategic Plan 2022–2025, CBS should:

- finalise the operational plan with time frames for deliverables and success measures, and communicate it to staff
- regularly monitor progress against operational plan time frames and success measures.

Gaming machine and wagering inspections do not effectively target higher risk licensees

CBS should:

- promptly collect information and intelligence and implement the system enhancements necessary to apply the new risk categorisation hierarchy to all licensees
- carry out gaming machine and wagering inspections in line with the risk assessments made under its new risk allocation policy.

Inspections have not been completed as planned

CBS should:

- complete inspections in line with the risk assessments made under its new risk allocation policy
- develop reporting to identify any overdue inspections
- regularly monitor to ensure that inspections are occurring at the required frequency in line with its policy.

Limited compliance activity over online wagering operations

CBS should develop and implement a risk-based compliance program for online wagering, which includes specific coverage of the Authorised Betting Operations Code of Practice (ABO Code).

The compliance program for online wagering should:

- be informed by CBS's overall risk assessment of the gambling industry and associated regulatory requirements
- use data and intelligence, including account data available from online gambling providers, to target compliance activities of higher risk areas
- include a mix of proactive and reactive compliance activities, proportionate to the assessed level of risk of non-compliance and/or gambling harm
- consider compliance with the National Consumer Protection Framework as new measures continue to come into effect, including the requirement for betting operators to provide monthly activity statements.

No testing performed to ensure mandated harm minimisation attributes for gaming machines are operating as intended

CBS should regularly test the monitoring system operated by the Independent Gaming Corporation to confirm that it ensures that mandated gambling harm minimisation attributes for gaming machines are operating as intended.

Data analytics should be used where applicable and practical to confirm that harm minimisation attributes are working effectively on all gaming machines.

No evaluations performed to assess whether current regulatory approach is effectively minimising gambling harm

CBS should develop a monitoring and evaluation framework and strategic research agenda to assess how effectively current gambling regulation and compliance activities meet the legislated objective of minimising gambling harm. This could include evaluating the impacts and outcomes of individual regulatory activities such as:

- the extent to which signage in gaming venues and other elements of the responsible gambling codes of practice reduce risky gambling behaviour
- the extent to which existing responsible gambling codes of practice and regulatory compliance activities are effectively designed to minimise gambling harm from online wagering.

The framework and research agenda should be developed in consultation with interstate and national gambling regulators and OPG.

Report 6 of 2022 *Managing access to mental health services*

Selected recommendation assessed by Preventive Health SA

The administrative arrangements in place to allow the SA Mental Health Commissioners to carry out their role and functions are not clear

The SA Mental Health Commissioners, DHW and Wellbeing SA should:

- work together to establish an administrative framework describing the arrangements in place to enable the SA Mental Health Commissioners to perform their functions
- consider the outcomes of the independent review of the *Mental Health Act 2009* once it is completed in February 2023 and update the framework and arrangements with the SA Mental Health Commissioners as required.

Wellbeing SA and the SA Mental Health Commissioners should finalise the charter as soon as practical.

Selected recommendations assessed by the Department for Health and Wellbeing

The mental health services plan measures of success are not sufficiently detailed to enable evaluation

DHW should review and update the measures of success in the SA Mental Health Service Plan 2020–2025 to include explicit detail on the required individual plan outcomes.

Mental health plans do not describe current capacity or demand for mental health services

DHW should consult with relevant parties including the Chief Psychiatrist, the Mental Health Commissioners and Wellbeing SA and review and update the existing mental health plans to describe details of the level of services that can be delivered (capacity), the demand for mental health services (across geographic and at-risk groups) and targeted strategies to address the gap between them.

Monitoring and evaluation processes not established for the mental health services plan and the health and wellbeing strategy

DHW should:

- finalise the monitoring and evaluation processes being developed for the SA Mental Health Services Plan 2020–2025 and the SA Health and Wellbeing Strategy 2020–2025
- ensure that monitoring and evaluation processes are developed as part of developing any future mental health plans.

Outcome measures yet to be established for the mental health services plan and health and wellbeing strategy

DHW should finalise measures to assess its performance in achieving the intended outcomes of the SA Mental Health Services Plan 2020–2025 and the SA Health and Wellbeing Strategy 2020–2025 and implement processes to monitor and evaluate its performance against these outcome measures.

No established forward-looking indicators for mental health services

DHW should develop and implement forward-looking indicators for mental health services to enable it to predict, react and respond timely to changes in mental health service requirements.

Performance targets not established for key areas of access to mental health services

DHW should establish performance targets for all of its indicators of access to mental health services and monitor its performance against these targets.

Some key reports on mental health services are not timely due to complexities in data collection and analysis

DHW should automate data collection, quality checking and report generation to enable mental health service activity to be reported to decision makers in a timely and accurate manner.

Reporting on mental health services does not provide information to highlight any gaps between services required and available

DHW should implement a process to obtain from service providers information on any gaps between the demand for mental health services and their capacity to provide these services. Any gaps between demand and capacity should be reported to DHW's key mental health oversight groups.

Report 2 of 2022 *SA Health's management of personal protective equipment*

Selected recommendations assessed by the Department for Health and Wellbeing

SA Health does not have a clear role in meeting the PPE supply needs of other SA Government agencies and the State as a whole

We recommend SA Health clarify and document its roles and responsibilities for supplying PPE to external organisations in the event of a health emergency and during business-as-usual periods. This includes clarifying SA Health's roles and responsibilities for sourcing, storing and supplying PPE for:

- other SA Government agencies
- local government

- aged care facilities
- other health care providers (such as private hospitals and general practice)
- disability organisations
- private businesses.

We recommend SA Health clearly communicate its PPE roles and responsibilities directly and on its website to:

- ensure external stakeholders have a common understanding and awareness of SA Health's role
- clarify what organisations in each sector need to do in maintaining their own PPE supplies.

SA Health's demand forecasting methodology does not include elements necessary to effectively forecast PPE demand

We recommend SA Health update its demand forecasting methodology for PPE across the SA Health system to consider:

- infection transmission rates
- hospitalisation rates and models of care
- clinical guidance on PPE selection and use
- the range of different users that SA Health is responsible for supplying with PPE.

We also recommend SA Health:

- perform demand forecasting for different potential scenarios to plan and prepare for best and worst case outcomes
- engage with LHNs to confirm that site-specific factors have been considered in the forecasting methodology
- regularly review its forecasting methodology and assumptions used to ensure that they remain up to date and appropriate, including changes to clinical guidance on PPE usage that have an effect on demand and lessons from recent experiences
- compare forecast and actual outcomes regularly to test the reliability of its demand forecasting model.

SA Health's emergency PPE stock holding model is not supported by documented analysis and sound evidence

We recommend SA Health:

- periodically review its emergency stock holding model, including underlying assumptions, to ensure that it is appropriate. The chosen model should be supported by documented analysis, sound evidence and lessons from relevant recent experience
- clearly define roles and responsibilities for determining the appropriate emergency stock holding model.

SA Health's stockpiling arrangements for PPE in a viral respiratory disease pandemic are unclear

We recommend SA Health update the viral respiratory disease (VRD) pandemic response plan to reflect the planned approach for PPE in a health emergency, including:

- whether it plans to maintain a stockpile for each type of PPE to ensure supplies do not run low during periods of extremely high demand

- the key steps to be followed for PPE supplies in the preparedness, response and recovery phases
- the roles and responsibilities of relevant SA Health units including LHNs.

The potential costs and benefits of maintaining stockpiles for PPE items should be considered, as holding additional stock in PPE categories may provide SA Health with a buffer enabling it to purchase stock when prices are favourable.

The updated VRD pandemic response plan should be communicated to all responsible parties, including LHNs, to ensure they are aware of PPE stockpiling arrangements and respective roles and responsibilities.

SA Health does not have an up-to-date strategic procurement plan for PPE

We recommend SA Health update its strategic procurement plan for PPE to meet ongoing business needs and prepare for future health emergencies. The plan should identify procurement objectives, strategic actions with implementation time frames and performance measures.

The plan should also consider:

- the costs and benefits of different strategies to mitigate the impact of supply disruptions
- expected levels of PPE demand based on the current selection and use guidance
- outcomes and recommended actions from recently completed independent consultant reviews of supply chain risks
- PPE demand from other SA Government agencies and external organisations
- the storage capacity of the new distribution centre and how this impacts the level of PPE stock that can be held
- PPE stockpiling arrangements in the VRD pandemic response plan.

Imprest owners do not receive sufficient information about PPE items that are in low supply or are unavailable

We recommend SA Health review PPE inventory processes, system functionality and reporting to provide imprest owners with timely and reliable information on the availability of PPE stock items, including items experiencing delays in supply. Existing PPE dashboards showing stock on hand across SA Health may provide useful information to imprest owners if supported by guidance on how to access and interpret the information.

We also recommend that SA Health provide clear direction on steps that imprest owners should take to ensure their imprest is carrying all necessary items of PPE, particularly where there are supply delays.

Appendix 3 – Abbreviations and terms used in this report

Abbreviation/Term	Description
ARC	Audit and Risk Committee
ASSG	Alliance System Steering Group
CBS	Consumer and Business Services
CRG initiative	Climate Ready Government initiative
DEW	Department for Environment and Water
DHS	Department of Human Services
DHW	Department for Health and Wellbeing
DIT	Department for Infrastructure and Transport
GHS SA	Gambling Harm Support SA
GRF	Gamblers Rehabilitation Fund
H2H	Homeless2Home client case and management system
Outcomes Framework	Homelessness Outcomes Framework
HSR	Homelessness Systems Review
KPIs	Key performance indicators
KPMs	Key performance measures
LHN	Local health network
MOAA	Memorandum of Administrative Arrangement
OPG	Office for Problem Gambling
PC007	Premier and Cabinet Circular 007 *Climate Ready Government*
PHSA	Preventive Health SA
PPE	Personal protective equipment
SA Water	South Australian Water Corporation
SAHT	South Australian Housing Trust
VRD	Viral respiratory disease