
Audit Committee

Date

2018/03/05

Time

9:00 AM

Location

Civic Centre, Council Chamber,
300 City Centre Drive, Mississauga, Ontario, L5B 3C1

Members

Mayor Bonnie Crombie	
Councillor Karen Ras	Ward 2
Councillor Ron Starr	Ward 6
Councillor Matt Mahoney	Ward 8

Contact

Allyson D'Ovidio, Legislative Coordinator, Legislative Services
905-615-3200 ext. 5411
allyson.dovidio@mississauga.ca

Find it Online

<http://www.mississauga.ca/portal/cityhall/auditcommittee>

1. **CALL TO ORDER**

2. **APPROVAL OF AGENDA**

3. **DECLARATION OF CONFLICT OF INTEREST**

4. **MINUTES OF PREVIOUS MEETING**

4.1. Audit Committee Meeting Minutes of December 4, 2017

5. **DEPUTATIONS**

5.1. Internal Audit Corporate Risk Assessment Process - Information, Craig Emick, IT Auditor (10 Minutes)

6. **PUBLIC QUESTION PERIOD** - 15 Minute Limit (5 Minutes per Speaker)

Pursuant to Section 42 of the Council Procedure By-law 0139-2013, as amended:

The Audit Committee may grant permission to a member of the public to ask a question of Audit Committee, with the following provisions:

1. The question must pertain to a specific item on the current agenda and the speaker will state which item the question is related to.
2. A person asking a question shall limit any background explanation to two (2) statements, followed by the question.
3. The total speaking time shall be five (5) minutes maximum, per speaker.

7. **MATTERS TO BE CONSIDERED**

7.1. Report dated February 6, 2018 from Director of Internal Audit: Internal Audit Quality Assurance Review.

Recommendation

That the report dated February 6, 2018 from the Director, Internal Audit with respect to the Internal Audit Quality Assurance Review be received for information.

Recommend Receipt

- 7.2. Report dated February 5, 2018 from the Director of Internal Audit: 2018-2020 Internal Audit Multi-Year Work Plan Report.

Recommendation

That the report dated February 5, 2018 from the Director, Internal Audit, with respect to the 2018 to 2020 Multi-Year Internal Audit Work Plan be approved.

Recommend Approval

8. **ENQUIRIES**
9. **CLOSED SESSION** - Nil
10. **ADJOURNMENT**

City of Mississauga

Minutes



Audit Committee

Date

2017/12/04

Time

9:01 AM

Location

Civic Centre, Council Chamber,
300 City Centre Drive, Mississauga, Ontario, L5B 3C1

Members Present

Mayor Bonnie Crombie	Arrived at 9:14 AM
Councillor Jim Tovey	Ward 1
Councillor Karen Ras	Ward 2
Councillor Ron Starr	Ward 6
Councillor Matt Mahoney	Ward 8

Staff Present

Janice Baker, City Manager and Chief Administrative Officer
Gary Kent, Commissioner, Corporate Services and Chief Financial
Officer Jeff Jackson, Acting Director of Finance and Treasurer
Geoff Wright, Commissioner, Transportation and Works
Mark Beuparlant, Manager of Corporate Financial Services
Al Steinbach, Director, Internal Audit
Kevin M. Travers, Partner, KPMG, External Auditor
Sacha Smith, Manager of Legislative Services and Deputy Clerk
Allyson D'Ovidio, Legislative Coordinator

Find it online

<http://www.mississauga.ca/portal/cityhall/auditcommittee>

1. CALL TO ORDER – 9:01 AM

2. APPROVAL OF AGENDA

Approved (Councillor Ras)

3. DECLARATION OF CONFLICT OF INTEREST - Nil

4. MINUTES OF PREVIOUS MEETING

4.1. Minutes of September 18, 2017

Approved (Councillor Mahoney)

5. DEPUTATIONS - Nil

6. PUBLIC QUESTION PERIOD - 15 Minute Limit (5 Minutes per Speaker)

Pursuant to Section 42 of the Council Procedure By-law 0139-2013, as amended:

Audit Committee may grant permission to a member of the public to ask a question of Audit Committee, with the following provisions:

1. The question must pertain to a specific item on the current agenda and the speaker will state which item the question is related to.
2. A person asking a question shall limit any background explanation to two (2) statements, followed by the question.
3. The total speaking time shall be five (5) minutes maximum, per speaker.

7. MATTERS TO BE CONSIDERED

7.1. Final Audit Reports:

Al Steinbach, Director, Internal Audit and Barbara Webster, Senior Internal Auditor spoke to the Audit report on Food Services. The audit examined the various food operations, business processes and controls over rental and catering contract administration at both Lakeview and BraeBen Golf Courses as well as the catering at Harding Waterfront Estate. Ms. Webster noted that Food Services generated over \$3.11 million in revenue through events, rentals and food and beverage sales, \$2.95 million in operating costs which included \$1.25 million in labour costs.

The audit has resulted in 14 recommendations and management has agreed to all of them. Eight recommendations are made regarding compliance with and clarification of

corporate requirements, four recommendations are put forward to strengthen operational control and financial reporting, one recommendation related to improving the efficiency and effectiveness of business operations and one related to the safeguarding of assets and information. Two (2) of the recommendations will be completed by November 30, 2017, four (4) by the end of January, 2018, five (5) by June 30, 2018, two (2) by September 30, 2018 and the final recommendation regarding a full staffing structure review will be done by December 31, 2018.

In response to Councillor Ras, Ms. Webster identified the risks associated with contracts being unsigned by clients and noted that signed contracts confirm the expectations of the event order and prevent discrepancies. Ms. Webster also noted that staff was reimbursed where mistakes were found in gratuities.

In response to Councillor Ras, Paul Mitcham, Commissioner of Community Services spoke to about the lessons learned from the audit of the three locations and noted that going forward; they will be used to identify best practises at each venue, including the Civic Centre. Councillor Tovey and Councillor Starr both commended staff on the many improvements made since the last audit.

Thomas Kelly, Senior Internal Auditor presented the Transit Maintenance Audit Report, noting the audit reviewed the controls over the maintenance of transit vehicles and equipment with an emphasis on transit maintenance purchases and administration including service contracts, fuel procurement and distribution.

In total, the audit has resulted in nineteen (19) recommendations, of which eleven (11) are intended to enhance Operational Control and Financial Reporting; six (6) address concerns with Compliance with and Clarification of Corporate Requirements; and the remaining two (2) recommendations deal with Safeguarding of Assets and Information and to improve Efficiency/Effectiveness of Transit maintenance business processes through a Lean process review. Management has agreed with all of the recommendations; ten (10) will be completed by January 31, 2018 and seven (7) will be implemented by December 31, 2018. The remaining two (2) recommendations with respect to conducting a Lean review and performing a warranty cost/benefit analysis for the 2017 bus purchases are expected to be completed by March 31 and November 30, 2019, respectively.

In response to Mayor Crombie, Geoff Marinoff, Director of Transit, noted the lack of documented procedure is due to the fact that staff have been in their roles for a long time. Mr. Marinoff noted that going forward procedures will be documented. In response to Mayor Crombie, Mr. Marinoff noted that they are looking into automating the warranty process to prevent unnecessary purchases in the future. Mr. Marinoff confirmed with Mayor Crombie that a cost benefit analysis has determined that the current software is

not working in our favour and further that staff is presently working to procure a new system that will increase efficiency and control.

In response to Councillor Ras, Mr. Kelly confirmed the last audit on Transit was conducted in 2009 and noted that fueling was added as a component to this audit. In response to Councillor Ras, as to whether it is possible to streamline processes, Mr. Marinoff noted that we try to minimize the manual process as much as possible to be efficient. The current system tracks the fueling system and fluids and interfaces into the management system. Councillor Ras noted that a cost analysis with respect to bumper to bumper warranties should be brought back to the Audit Committee once complete. Councillor Starr expressed concerns with the lack of continuity of manuals and further that he would like to see a report on progress in the coming years.

Janice Baker, City Manager and CAO spoke to the challenges in tracking the information and noted the audit didn't find any material errors or discrepancies and further there are certainly weaknesses and we can work on them. Ms. Baker noted we need to invest in our back room systems and that although there is a significant gap, reasonable business practises are in place and the system it is still working.

In response to Councillor Starr, Mr. Steinbach noted that part of the recommendations include that a lean review be conducted. In response to Councillor Starr, Mr. Kelly noted a lean review cannot be conducted until new systems are in place. Geoff Wright, Commissioner of Transportation and Works, noted that all departments are subject to lean.

In response to Councillor Tovey, Mr. Steinbach noted most of the recommendations from the 2009 audit report were completed and further that the documenting of procedures was again identified as a weakness. Ms. Baker noted that we continue to look for ways to improve.

RECOMMENDATION

AC-0017-2017

That the report dated November 21, 2017 from the Director of Internal Audit with respect to final audit reports:

1. Community Services Department, Recreation Division, South Recreation District – Food Services Audit; and,
2. Transportation & Works Department, MiWay Transit Division – Transit Maintenance Audit, be received for information.

RECORDED VOTE	YES	NO	ABSENT	ABSTAIN
Mayor B. Crombie	X			
Councillor J. Tovey	X			
Councillor K. Ras	X			
Councillor R. Starr	X			
Councillor M. Mahoney	X			

Received (Councillor Ras) (5, 0, 0)

7.2. Status of Outstanding Audit Recommendations as of September 30, 2017

In response to Mayor Crombie, Ms. Baker noted that of the 9 outstanding recommendations with respect to Administrative Penalties, 7 have been implemented and further that a total of 20 recommendations of 38 are underway.

RECOMMENDATION

AC-0018-2017

That the report dated November 17, 2017 from the City Manager & Chief Administrative Officer regarding the status of outstanding audit recommendations as of September 30, 2017 be received for information.

RECORDED VOTE	YES	NO	ABSENT	ABSTAIN
Mayor B. Crombie	X			
Councillor J. Tovey	X			
Councillor K. Ras	X			
Councillor R. Starr	X			
Councillor M. Mahoney	X			

Received (Mayor Crombie) (5, 0, 0)

7.3. 2017 Audit Plan

Kevin Travers, External Auditor, KPMG spoke to the audit planning report and noted that it is the first of two with the second will to be presented in May 2018 upon the completion of audit engagement. Mr. Travers noted that in addition to the overall audit of the City itself, there are audits on components which includes; Enersource Corporation and non-significant components which includes City of Mississauga Library Board and the individual BIAs. Mr. Travers noted that 2017 will be slightly different due to the amalgamation with Alectra which the asset will represent Enersource Corporation's share in Alectra.

Mr. Travers noted that fraud risk from revenue recognition and fraud risk from management override of controls are not elevated risks for Mississauga but are always assumed risks that are to be reviewed through the audit process. Further, Mr. Travers noted that the results will be reported in the Spring.

In response to Councillor Ras, Mr. Travers noted that the current auditing standards require the auditor of the investor to visit the auditor of Alectra and review all work and planning decisions.

In response to Councillor Starr, Jeff Jackson, Director of Finance and Treasurer, noted that Cemeteries and Elections are designated trust funds.

RECOMMENDATION

AC-0019-2017

That the report dated November 7, 2017 from the Commissioner of Corporate Services and Chief Financial Officer with respect to the 2017 Audit Planning Report (Appendix 1), be received for information.

RECORDED VOTE	YES	NO	ABSENT	ABSTAIN
Mayor B. Crombie	X			
Councillor J. Tovey	X			
Councillor K. Ras	X			
Councillor R. Starr	X			
Councillor M. Mahoney	X			

8. Received (Councillor Mahoney) (5, 0, 0)
ENQUIRIES - Ni

9. CLOSED SESSION

9.1. IT Security Briefing - Audit Committee - December 4, 2017

RECOMMENDATION

AC-0020-2017

That the verbal update during Closed Session on December 4, 2017 with respect to IT Security, be received for information.

RECORDED VOTE	YES	NO	ABSENT	ABSTAIN
Mayor B. Crombie	X			
Councillor J. Tovey	X			
Councillor K. Ras	X			
Councillor R. Starr	X			
Councillor M. Mahoney	X			

Received (Councillor Ras) (5, 0, 0)

10. ADJOURNMENT – Mayor Crombie 10:29.

City of Mississauga

Corporate Report



Date: 2018/02/06

To: Chair and Members of Audit Committee

From: Al Steinbach, CPA, CMA, CRMA
Director, Internal Audit

Originator's files:
2017 IA EQA

Meeting date:
2018/03/05

Subject

Internal Audit Quality Assurance Review

Recommendation

That the report dated February 6, 2018 from the Director, Internal Audit with respect to the Internal Audit Quality Assurance Review be received for information.

Report Highlights

- The *Standards for the Professional Practice of Internal Auditing* of the Institute of Internal Auditors (IIA) requires the internal audit activity to “develop and maintain a quality assurance and improvement program” which “includes periodic internal and external quality assessments and ongoing internal monitoring.”
- In October 2017, Internal Audit completed a self-assessment and found that the internal audit activities of the City “generally conform” to the *Standards*, Code of Ethics and the City's Internal Audit Charter (By-law 0065-2013).
- BDO Canada LLP, a qualified independent reviewer, was subsequently engaged to conduct an external quality assessment to validate the results of Internal Audit's assessment.
- The independent validation confirmed Internal Audit's self-assessment results and found that the City's Internal Audit function is “positioned to assist management in evaluating the risks and challenges of the City's operations.”

Background

The Internal Audit Charter (By-law 0065-2013) states that one of the Internal Audit's values and operating principles is to “perform independent assessments of risk and control guided by the *Standards for the Professional Practice of Internal Auditing* of the Institute of Internal Auditors (IIA).” Although the Charter does not stipulate that Internal Audit **must** comply with the IIA *Standards*, every effort is made to be compliant and has been monitored to maintain Internal

Audit Committee	2018/02/06	2
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Originators files: 2017 IA EQA

Audit's credibility with the Audit Committee and senior management, and to promote a high level of efficiency and effectiveness in internal audit activities.

One of the Professional Standards of the IIA (Standard 1300) requires the Chief Audit Executive to “develop and maintain a quality assurance and improvement program that covers all aspects of the internal audit activity” and continuously monitors its effectiveness. This program includes periodic internal and external quality assessments and ongoing internal monitoring. Each part of the program should be designed to help the internal auditing activities add value and improve the organization's operations, and to provide assurance that the internal audit activity is in conformity with the *Standards* and the Code of Ethics. Effective January 1, 2012, IIA Standard 1312 requires external assessments to be “conducted at least once every five years by a qualified, independent reviewer or review team from outside the organization.” The previous Quality Assessment Review was performed in October 2012 when the independent validation concluded that, “Internal Audit Division is well-structured and progressive, where the IIA *Standards* are understood and where useful audit tools are implemented to deliver value-added internal audits.”

A full Quality Self-Assessment Review was recently completed by one of the Senior Internal Auditors in October 2017. Subsequent to the completion of the review, BDO was engaged to conduct an independent validation of the results of the internal assessment.

Comments

Results of the 2017 Self-Assessment show that the Internal Audit Division of the City of Mississauga “generally conforms” to the *Standards for the Professional Practice of Internal Auditing* of the Institute of Internal Auditors (IIA), and is in full compliance with the Institute's Code of Ethics and the City's Internal Audit Charter. As defined by the IIA, “generally conforms” means “the evaluator has concluded that the relevant structures, policies, and procedures of the activity, as well as the processes by which they are applied, comply with the requirements.”

The External Validation of the 2017 Self-Assessment Review Report prepared by BDO is presented in Appendix 1. The External Review validated the results of Internal Audit's self-assessment and confirmed that the Internal Audit Division of the City of Mississauga operates in accordance with the IIA's Professional Standards and Code of Ethics, as well as the City's Internal Audit Charter. It also found that “the Internal Audit function showed moderate to leading practices in each of the six assessment areas reviewed.” The six areas include purpose, profile, planning, protocols, performance, and people.

The self-assessment and independent validation identified areas for improvement which will further enhance the internal audit activities. Internal Audit is currently in the process of developing an action plan to respond to and address these recommendations.

Financial Impact

None.

Conclusion

Results of Internal Audit's Self-Assessment and External Validation reveal that the Internal Audit Division of the City of Mississauga "generally conforms" to the *Standards for the Professional Practice of Internal Auditing* of the Institute of Internal Auditors, and fully complies with the Institute's Code of Ethics and the City of Mississauga's Internal Audit Charter (By-law 0065-2013). Results of the independent validation also showed that 66 of the 72 assessed internal audit standards and best practices were functioning at moderate to leading levels of maturity.

Attachments

Appendix 1: City of Mississauga IA QAR Report



Al Steinbach, CPA, CMA, CRMA
Director, Internal Audit

Prepared by: Amy Truong, Senior Internal Auditor

City of Mississauga

Independent External Self-Assessment of Internal Audit- Quality Assessment Review

January 16, 2018



CONTENTS & DISTRIBUTION

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- APPENDICES:
 - I- PARTICIPANTS
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REPORT STATUS	
Reviewer:	Carlo Mariglia, Partner
Dates work performed:	November 7, 2017- December 22, 2017
Draft report issued:	January 5, 2018
FINAL REPORT ISSUED:	January 16, 2018

DISTRIBUTION LIST
City of Mississauga Audit Committee Chair - Ron Starr
City of Mississauga's CAO/City Manager - Janice Baker
City of Mississauga's Audit Committee
City of Mississauga's Executive Committee - Leadership Team
Director Internal Audit - Al Steinbach

Restrictions of use - The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. The report has been prepared solely for the management of the organization and should not be quoted in whole or in part without our prior written consent. BDO Canada LLP neither owes nor accepts any duty to any third party whether in contract or in tort and shall not be liable, in respect of any loss, damage or expense which is caused by their reliance on this report.

SCOPE & METHODOLOGY

BDO was engaged to execute an Independent External Assessment of the Internal Audit function at the City of Mississauga.

SCOPE AND APPROACH OF OUR WORK

We were asked to perform a review of the effectiveness of your Internal Audit (IA) function that included the following three core components:

- ❑ The level of conformance with the International Standards for the Professional Practice of Internal Auditing (Standards) and the Code of Ethics;
- ❑ The efficiency and effectiveness of the internal audit activity;
- ❑ The extent to which the internal audit activity meets the current and expected future expectations of the departmental audit committee, department head, senior management and operations management.

The review comprised of the following:

- ❑ Interviews with a select number of executives including the Director of Internal Audit, the City Manager, Manager- Works Operations, and the Audit Committee (AC) Chair to gain a view of how Internal Audit is perceived to be operating and how the function should operate in the future;
- ❑ Interviews with the key members of the Internal Audit function to establish how the function currently operates, plans, reports, trains and performs quality assurance procedures;
- ❑ Detailed review of documentation relating to strategy; approach; planning; delivery; methodology; use of technology; reporting to the audit committee and executive management and tracking of recommendations (for Internal Audit's auditees and recommendations from previous Internal Audit Reports);
- ❑ Review of sample documentation from Internal Audit's activities;
- ❑ Assessment and analysis of findings against best practice, and
- ❑ Development of recommendations for improvement, where appropriate.

ASSESSMENT METHODOLOGY

Our established methodology is framed around six key areas of Internal Audit:

- ❑ **Purpose** - does your Internal Audit function have clear responsibilities, structure and culture appropriate for providing an objective, professional assurance service?
- ❑ **Profile** - is your Internal Audit suitably positioned within the overall governance structure to demonstrate value and properly challenge the business?
- ❑ **Planning** - does your Internal Audit have risk-based, dynamic planning processes aligned to key strategic business drivers?
- ❑ **Protocols** - does your Internal Audit have the necessary tools and processes to operate efficiently and effectively, and for maintaining effective relationships with key stakeholders?
- ❑ **Performance** - does the Internal Audit function have an appropriate framework to properly measure and communicate its successes?
- ❑ **People** - is your Internal Audit function adequately resourced with proficient, knowledgeable individuals with the skills and competencies to deliver its objectives?

Our methodology sub-divides each of these areas into basic principles and gives standards by which Internal Audit can be benchmarked. The insights we have received from our interviews have provided us with additional understanding of the needs of the business and the perception within the divisions as to how the functions currently meet with expectations.

OVERALL CONCLUSION

To the Audit Committee of the City of Mississauga:

Our review of the City of Mississauga's Internal Audit function found a department that is positioned to assist management in evaluating the risks and challenges of the City's operations. The Internal Audit function showed moderate to leading practices in each of the six assessment areas reviewed.

We conclude that the Internal Audit function of the City of Mississauga generally conforms to the Institute of Internal Auditors' Standards for the Professional Practice of Internal Auditing (the Standards) and the Code of Conduct. Although the policies and practices are generally judged to be in conformance to the Standards, there are some opportunities for improvement as noted within this report.

BDO Canada LLP

Chartered Professional Accountants, Licensed Public Accountants

January 2018

Toronto, Ontario

EXECUTIVE SUMMARY

Question 1: Is IA operating efficiently and effectively and in line with good practice?

- ❑ Overall the IA function is operating effectively, but could benefit from enhancements to increase consistency across the function and meet moderate to leading practices.
- ❑ 66 of the 72 assessed internal audit standards and best practices were functioning at the “moderate” or higher level of maturity.

Question 2: Is IA enabling the Audit Committee to fulfil its’ responsibilities and meet the regulator’s requirements?

- ❑ Overall the IA function is enabling the Audit Committee to fulfil its responsibilities through ongoing investigative, preventative and detective work. Certain improvements can be made to strengthen the function which are addressed in this report.
- ❑ Positive feedback was noted regarding Internal Audit’s deliverables, the audit plan, audit committee reporting, and the leadership of the Director of Internal Audit. Improvements related to reporting were communicated to the Director of Internal Audit who subsequently worked with the IA function to meet the desired requirements.
- ❑ The Director of Internal Audit is responsible for continuously monitoring emerging risks, new regulations and other operational changes. Any such items are considered in assessing the continued appropriateness of the scheduled audit plan.

Question 3: Is IA fit for purpose and adequately resourced and organized for the future needs of the City of Mississauga?

- ❑ Overall the resourcing of the Internal Audit function meets the current needs of the organization.
- ❑ The Director Internal Audit is currently supported by an internal audit team with diverse skills and experience.
- ❑ IA is adequately resourced at the current time. Resourcing is discussed at the annual budget meeting. Recently, there have been demands on the team due to additional assistance required for consulting engagements to support business unit needs. Should the Director of Internal Audit believe there are resource constraints, the City Manager and Council will be notified and plans of action will be discussed.
- ❑ To assist in the development and maintenance of the Corporate Risk Assessment (CRA), an enhancement could be made by reintroducing the ERM program to link audit findings back to the CRA risks. This will achieve best practices and an optimized state of IA maturity.

SUMMARY FINDINGS – MATURITY MODEL*

We have rated the City of Mississauga on the following maturity model over 51 IIA IPPF Standards and 21 Best Practice guidelines for Internal Audit:

AREAS	LEADING	ML	MODERATE	BASIC	N/A	COMMENTS
PURPOSE	6	1	0	0	0	<input type="checkbox"/> Good overall results with the majority at moderate or above for the assessment areas. <input type="checkbox"/> Leading edge practices in most of the assessment areas. <input type="checkbox"/> Some assessment areas are still in the “Basic” range and require further improvements to protocols and performance in the Internal Audit function. IA is already aware of certain areas which necessitate better practises and have plans to implement strategies in 2018. <input type="checkbox"/> BDO has identified improvement points for consideration by management, Internal Audit, and the Audit Committee. <input type="checkbox"/> Recommendations are to assist the IA function in achieving moderate and leading practices by delivering maximum value to the Executive Committee (Leadership Team) and the Audit Committee through quality audits in line with professional standards.
PROFILE	9	1	0	0	0	
PLANNING	5	0	1	0	0	
PROTOCOLS	15	9	5	4	1	
PERFORMANCE	1	3	0	1	0	
PEOPLE	4	4	2	0	0	
TOTALS	40	18	8	5	1	
%	56%	25%	11%	7%	1%	

AREAS	RATING	DESCRIPTION
LEADING	L	Leading Edge Practices in this area.
MODERATE TO LEADING	ML	All elements of moderate plus some elements of “leading” practices.
MODERATE	M	Exceeds minimum expectations and has evidence of some leading practices.
BASIC	B	Just meets basic expectations.
N/A	N/A	Not Applicable to the City of Mississauga.

* Note that the assessment areas also incorporate BDO’s assessment of the City of Mississauga against Best Practices on Internal Audit. The breakdown of assessment by the IIA’s IPPF Standards are outlined in Appendix II.

SUMMARY OF FINDINGS

PURPOSE, PROFILE, AND PERFORMANCE:

KEY MESSAGES

- ❑ IA has leading practises in carrying out formal quality assurance reviews once every 5 years. In addition, the Audit Work Plan was last presented and received at the March 6, 2017 Audit Committee and the Audit Charter is reviewed annually by the Director, Internal Audit.
- ❑ The Internal Audit Charter and Internal Audit Reports reference conformity to relevant professional standards (the Code of Ethics and the International Standards for the Professional Practice of Internal Auditing of the Institute of Internal Auditors).
- ❑ IA has leading practises through a strong standing with the Executive Committee (Leadership Team) who supports them and enhances their profile.
- ❑ IA has unrestricted access to all records, assets, personnel and premises. If there are situations where the auditee requires additional information as to why access to certain records is required, the Auditor will obtain a Confirmation of Authorization form signed by the Director of Internal Audit or the City Manager.
- ❑ IA wholly interacts at all Audit Committee meetings and is invited to attend other management meetings when appropriate to do so. IA also maintains its independence from the business.

FINDINGS AND RECOMMENDATIONS FOR IMPROVEMENT

FINDING	RECOMMENDATION
Feedback not formally solicited from auditees.	To achieve leading practices in performance, it is recommended that IA seek formal feedback from their auditees in the form of surveys post audit completion. Formal feedback will provide IA with a platform for gaining a deeper understanding of the quality of their services from auditees. In 2018, IA plans to provide questionnaires to the auditees, subsequent to audits, which will prove beneficial to obtain leading practices in this area.
KPIs (Key Performance Indicators) for Internal Audit are not formally defined.	It is recommended that formal KPIs be developed and defined for monitoring effectiveness. The KPIs will provide IA with a framework to properly measure and communicate its successes, assist in determining the efficiencies that were achieved, and quantify any potential cost savings identified by the Internal Audit function. This will also allow employees to tie their core competencies to the success criteria, KPIs, and performance indicators. These KPI's can further be used to quantify and report progress to the Audit Committee.

SUMMARY OF FINDINGS

PLANNING:

KEY MESSAGES

- ❑ City of Mississauga's IA team has leading practices through their unrestricted access to the City Manager and the Audit Committee (AC); the Annual Audit Plan is effectively communicated to all relevant parties and approved by the City Manager, Leadership Team, and Audit Committee; results and findings are effectively communicated to auditees and all findings are linked back to the engagement scope and objectives.
- ❑ All employees have access to the IA Procedures Manual that includes the detailed steps of conducting an audit.
- ❑ IA has an efficient and effective project planning process which considers a detailed scope assessment, significant risks, objectives of the process, past results, and management identified areas of improvement.
- ❑ Practice Inspections are completed every 5 years, as required by the IIA Standards and the Policy on Internal Audit. An internal QAIP (Quality Assurance and Improvement Program) was also completed in October 2017. Opportunities for continuous improvement were noted and will be combined (in March 2018) with recommendations from the external quality assessment conducted to develop an action plan with timelines to be used for follow-up.
- ❑ The development of the audit plan requires the participation of all members of staff. At monthly meetings, each auditor provides suggestions of audits to complete in the year based on knowledge identified in prior engagements and policy reviews. Additionally, bi-weekly meetings between an auditor and the Director provide an opportunity for auditors to express areas that were put on hold due to scope or resource limitations.

FINDINGS AND RECOMMENDATIONS FOR IMPROVEMENT

FINDING	RECOMMENDATION
For a sample of Final Audit Reports reviewed, we noted that a formal documented process for key steps during the internal audit was not completed.	To ensure quality control, each auditor should summarize the work program and test steps performed for every audit. This allows for conformance with service quality across the IA function and for IA function's work to be aligned to the standards in the IA Procedures Manual.
IA Procedures Manual provides an overview of expectations of consulting engagements, however there is no formal documentation regarding the requirements for planning consulting engagements.	Develop detailed requirements, criteria, objectives, and status tracking for consulting engagements to ensure these assignments follow a prescribed set of procedures and adhere to defined standards in the same way as assurance engagements. The increase in consulting engagements merits a set of unified requirements to provide auditors a standard to abide by and frame of reference.
Creation of an active log of issues and recommendations is not formalized.	Develop a Master Listing of all recommendations from each audit engagement to track and monitor the status of managements' implementation plan. The log will include a complete list of issues, recommendations, managements' committed date of implementation to forecast when the Compliance Department will perform the follow-up activities and obtain/document supporting evidence of the implemented recommendations. This will confirm that risks are sufficiently managed or mitigated prior to closing findings. Further, the completeness and consistency of monitoring will be rigorous and more frequent rather than limited to follow up twice per year. It is recommended that follow up occur at least on a quarterly basis to ensure the business trends in the right direction and findings are addressed on a timely basis. The recommendations resulting from each audit should be reviewed by the Director of Internal Audit to ensure that they are included on the Master Listing. This listing can be used to enhance the dashboard used to report the status of previous audit findings to the AC.

SUMMARY OF FINDINGS

PROTOCOLS:

KEY MESSAGES

- ❑ IA provides a wide range of services including audit, review of Whistleblower complaints received, special requests by Departments and Community Services, and an increasing amount of consultative services (such as assisting staff in the implementation of audit recommendations and commenting on new or amended Corporate policies, procedures, and business processes).
- ❑ IA is perceived by its stakeholders to add great value to the organization. The IA team has leading practices through their ability to advise and support numerous functions throughout the organization. Often times, management solicits IA's advice and input on matters not related to audits.
- ❑ The HI-PO Program identifies candidates with High Potential for each division including their strengths, where they are in their career progression and promotion levels. This is a leading practice for identifying candidates in succession planning.
- ❑ IA is also implementing LEAN reviews as a leading practice to streamline and identify efficiencies in processes.
- ❑ IA is working to enhance the method by which it markets the value it brings to the organization. The Director of Internal Audit aims to discuss IA's mandate with each department's management team and leverage leadership conferences as platforms to promote IA.
- ❑ In some instances, audits are postponed if there are more urgent tasks (not enough bandwidth for employees to tend to all projects simultaneously). The Director of Internal Audit deferred hiring an additional Internal Auditor until 2018 to maintain focus on the 2017 Audit Plan.
- ❑ Audit reports are concise and contain most of the required and expected information relevant to the audits completed. Improvements can be made to ensure the clarity of terminology used.
- ❑ IA is currently working towards implementing a paired approach to auditing so that an experienced auditor can guide the assigned auditor to use best practices at all stages of an audit (planning, testing, documenting, or reporting) and the assigned auditor can shadow an experienced auditor. This mentorship approach will further assist in making the review process more efficient through cross-training and auditing each other's work.
- ❑ IA previously was a training ground for future employees by way of the Audit Associate Program where employees throughout the organization, worked in IA for a period of time to learn about risk management and IA's mandates. The employees subsequently shared the information with their teams to determine how best to implement certain practices. This program has been discontinued, however it is recommended to be revisited as employees certainly found value given that several current IA employees were hired as part of this program.

SUMMARY OF FINDINGS

PROTOCOLS:

FINDINGS AND RECOMMENDATIONS FOR IMPROVEMENT

FINDING	RECOMMENDATION
Formal transition plans do not exist when employees turnover.	While the IA Procedures Manual includes the detailed steps of conducting an audit, procedures are not documented for transition when staff turn over. To ensure a seamless transition for employees, it is recommended that a standard protocol is followed so that the knowledge transfer/onboarding occurs prior to the employee's departure and the responsibilities are appropriately handed over.
Control Maturity is not assessed within each process/cycle.	It is recommended that a control maturity assessment be completed to evaluate the control environment for each cycle. This will assist in determining if the controls are well aligned and designed to mitigate the risks, the control activities are performed, and effective monitoring and oversight are in place.
IA Procedures Manual does not address how to handle errors and omissions.	While the IA team is aware of the appropriate protocol to follow when errors and omissions occur, it is recommended to have a standardized procedure documented to ensure that these situations are handled timely. This is especially important when such errors and omissions relate to deliverables for external individuals.
An overall reporting rating system does not exist.	IA considered implementing an overall report rating system in the past but determined the subjectivity in the rating scales may cause management to concentrate on the rating rather than the observations and recommendations made. It is recommended that a reporting rating system be implemented to communicate new audit findings and to assist in prioritizing their implementation. A rating system based on a set of criteria that is not subjective will help to achieve leading practices.
Lack of consistency in addressing the objectives in each audit.	An improvement to consider to increase the consistency across working papers, is to conclude on each objective of the audit. This will ensure that each objective is completely addressed (supported, tested, and concluded upon). For leading practices, each objective should have a work plan with the review and approval by senior personnel prior to finalizing the report.
Internal audit does not link audit findings or risks back to ERM program results in setting the annual plan and the scope of individual audits.	While IA considers risks in setting the Annual Audit Plan, they rely on the Corporate Risk Assessment (CRA) to gauge risk appetite. The ERM methodology was initiated a few years ago, however was not widely accepted. To achieve leading practices, it is recommended that IA attempt to reintroduce the ERM program to link audit findings back to the CRA assessment risks. This will allow auditors to obtain an understanding of process risks and areas to focus on as a result of understanding the risks.

SUMMARY OF FINDINGS

PEOPLE:

KEY MESSAGES

- ❑ The IA Charter and IA Procedures Manual are comprehensive and reviewed/updated to ensure practices are aligned to documented processes.
- ❑ IA has a clear perspective on its stakeholders and incorporates stakeholder needs in the review of service offerings.
- ❑ Staff objectives are clearly aligned to IA objectives and City of Mississauga objectives.
- ❑ The IA function works hard to plan, execute, and report on their assigned audits. This external quality assurance review also forms part of the performance assessment. The individuals on the IA team have a diverse array of backgrounds and are skilled in audit, IT, and operations which enhance their ability to audit these areas. Nonetheless, feedback suggests that certain individuals require additional support to provide consistent quality.
- ❑ IA has leading practices with their unrestricted access to the City Manager to raise issues, where appropriate, without fear of funding limitations.
- ❑ IA prides itself with fostering a culture of high employee morale and exemplifies integrity, ethics, and objectivity in the services delivered.

FINDINGS AND RECOMMENDATIONS FOR IMPROVEMENT

FINDING	RECOMMENDATION
There is no Internal Audit requirement of the number of training hours per year that is required or a structured training plan.	It is recommended that a formal training process be developed to ensure staff have the appropriate knowledge to carry out their audits and provide consistent quality in services. Training is discussed annually on an individual level based on the employee's performance for the year (i.e. If an employee requires more training on report writing, a course will be suggested). While IA is very accommodating to employee's requests to attend training they choose (including offsite) and training is aligned to core competencies, adding structure to the training can also assist with maintenance of Professional Development requirements. For leading practices, Internal Audit training could include coaching, mentorship, business process enhancements, lean methodologies, and six sigma to provide value-add consulting engagements to the business units and organization as a whole. Collaboration from working with external advisors are also effective training opportunities for existing IA staff.
Career plans are based on individual goals, however formalized career plans are not documented.	To enhance the career progression for Internal Audit staff and reach leading practices, career plans can be structured and include a career path for staff to have careers within Internal Audit or that lead to opportunities elsewhere within the organization (including placements in departments or help with process implementations).
Basic link between personal objectives and Internal Audit's goals.	While employees are appraised against their personal objectives, performance, and achievement of IA's audit work plan, defining KPIs will foster a clearer alignment of staff and departmental objectives to achieve leading practices in this area.

FEEDBACK FROM IA- SUMMARY OF FINDINGS

INFORMATION TECHNOLOGY SECURITY REVIEW

- ❑ Based on *Section IV: Conduct of the Audit, part D Audit Field Work of the Internal Audit Procedures Manual (last updated February 2017)*, the Summary of Observations, Program, Review, and Audit Completion Checklist are to be documented for each audit. It was noted that each of the aforementioned components were not documented for this audit. The Director of Internal Audit noted this as a review comment for the auditor to action. The auditor confirmed that future audit reports will include all required elements.
- ❑ Per discussions with the auditor, BDO noted that the report was not a formal Audit Report but rather a status update memo to indicate that the City of Mississauga adopted a framework which they will adhere to. Subsequent to the implementation of the framework and road map designed, the audit will commence and recommendations and findings will be documented in a formal Audit Report. The Director of Internal Audit was aware of the nature of this report and as such, it was exempt from the formal audit routine.

WORKS OPERATIONS PAYROLL AUDIT

- ❑ It was noted that there were several review notes related to this Audit. Review notes related to organization of the content of the report, additional details and supporting evidence to be included in the report, and clarifications needed to make the report clearer. The review notes were addressed and discussed with the Director of Internal Audit.
- ❑ Creation of an active log of issues and recommendations is not formalized. It was noted that certain recommendations resulting from this audit were not included in the listing of items to follow up on.

OVERALL FINDINGS OF SAMPLE AUDITS

FINDING	RECOMMENDATION
Certain components of the Field Work of the Audit (Section IV Internal Audit Manual) are not documented and included in the working papers. Also improvements to the quality of working papers were noted.	To ensure consistency across all audits, providing examples of documentation that meets the desired quality can ensure that all audits are completely and accurately documented. In addition, the system of auditors shadowing experienced auditors will assist in enhancing the quality of working papers.
Creation of an active log of issues and recommendations is not formalized.	The recommendations included in "Planning" Section are applicable: <i>"The log will include a complete list of issues, recommendations, managements' committed date of implementation to forecast when the Compliance Department will perform the follow-up activities and obtain/document supporting evidence of the implemented recommendations. The recommendations resulting from each audit should be reviewed by the Director of Internal Audit to ensure that they are included on the Master Listing."</i>

FEEDBACK FROM AC, CITY MANAGER & AUDITEE REGARDING EXPERIENCE WORKING WITH IA

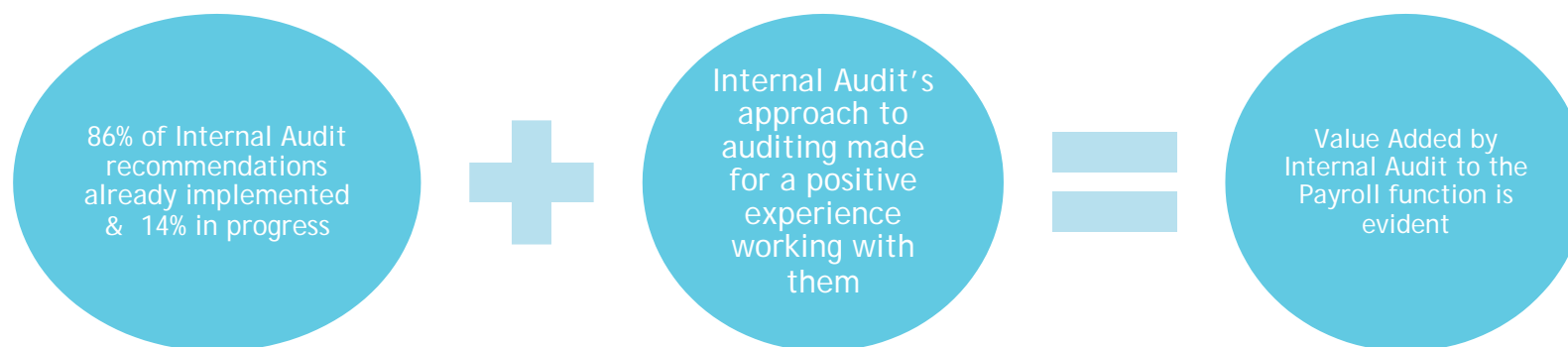
KEY MESSAGES

- ❑ Internal Audit set out to complete an audit for the Payroll function given that the function was not previously audited. This demonstrates Internal Audit's commitment to auditing all functions of the organization.
- ❑ The audit reviewed payroll transactions reported and processed for payment in 2016.
- ❑ There were no issues with the execution of the audit. The teams working directly with the Internal Auditors stated the audit was performed efficiently and the process was executed as planned. Timeline of activities:
 - ❑ March: planning meeting held
 - ❑ May: planning memorandum drafted
 - ❑ June-July: Execution of audit
 - ❑ September: Final Report presented to Audit Committee
- ❑ Internal Audit's culture of working with management to provide services from the perspective of assisting management to make processes more efficient and effective allowed for a seamless audit process. Management was willing to work with Internal Audit and provide them with all documents and support required knowing that the end result is to build a better function. It was noted that having an Internal Auditor familiar with the process (given their previous experience working in the function) allowed for comradery and receptiveness to the audit from Management's perspective.
- ❑ The value of the Payroll audit conducted is derived from:
 - ❑ The Standard Operating Procedures (SOPs), for which documentation is in progress. These SOPs will provide a guidance to staff to ensure consistency and business continuity in the event of staff turnover.
 - ❑ The standardization of operations across the 4 Works Yard locations by leveraging the efficient processes from each Yard and uniformly applying them to all locations if applicable. In addition, analysing and comparing inefficient processes further assists in enhancing the practises across the Payroll function
- ❑ The findings and recommendations resulting from the Internal Audits conducted are deemed to add value to the City of Mississauga. Further, the categorization of the recommendations as high, medium, and low is helpful in assessing the urgency of the implementation of findings.
- ❑ It is valuable for the Internal Auditors who performed the audit to present the findings to the Audit Committee and continuance of this practice is supported.
- ❑ IA is adequately resourced at the current time, however recently, there have been demands on the team due to additional assistance required for consulting engagements to support business unit needs.
- ❑ In certain instances, improvements can be made to ensure the clarity of terminology used in audit reports.
- ❑ Overall the Internal Audit group is effective, however there are some improvements suggested as per the next page.

RECOMMENDATIONS BASED ON DISCUSSIONS WITH AC, CITY MANAGER & AUDITEE

FINDING	RECOMMENDATION	CATEGORY
Maintain an open avenue of communication between the AC members, Internal Audit, and the City Manager.	<ul style="list-style-type: none"> IA is already working towards implementing surveys for auditees post the completion of the audit to assess IA's performance. IA plans on further developing and expanding these surveys to include the Audit Committee. This will allow IA to obtain feedback from the AC members regarding suggested improvements to the IA function, areas they would like IA to focus on, or considerations to bear in mind when conducting audits. It would be helpful for the AC members to be informed of: <ul style="list-style-type: none"> high priority items prior to the AC meeting the annual Work Plan of IA (high-level), prior to the work plan being provided to the AC in its final version This will increase the communication and knowledge sharing between IA and the AC, and allow the AC to have a holistic view of the projects to be completed, the long range projections for future audits/investigations, the prioritization of audits, and the reasons that necessitate each audit. As outlined in the "Summary of Findings- Protocols," IA is already working to enhance the method by which it markets the value it brings to the organization. The Director of Internal Audit aims to discuss IA's mandate with each department's management team and leverage leadership conferences as platforms to promote IA. This recommendation can be extended by having an education session for the AC to gain a thorough understanding of the role of each individual in the IA function, the consultants that are used to assist IA when needed, and the skills sets/competencies unique to each individual. 	Planning/ Protocols

OVERALL FEEDBACK REGARDING EXPERIENCE WITH INTERNAL AUDIT



APPENDIX I – PARTICIPANTS

FEEDBACK FROM IA	
NAME	JOB TITLE
Al Steinbach	Director, Internal Audit, City of Mississauga
Amy Truong	Senior Internal Auditor, City of Mississauga
Craig Emick	Information Technology Auditor, City of Mississauga
Tara Zammit	Senior Internal Auditor, City of Mississauga

FEEDBACK FROM AC, CITY MANAGER & AUDITEE	
NAME	JOB TITLE
Ron Starr	Chair of the Audit Committee
Janice Baker	CAO/City Manager, City of Mississauga
Scott Holmes	Manager, Works Operations

BDO Canada LLP appreciates the time provided by all the individuals involved in this review and would like to thank them for their assistance and cooperation.

APPENDIX II – MATURITY BY IPPF STANDARD

IPPF STANDARD	MATURITY RATING
1000 - Purpose, Authority, and Responsibility / 1010 - Recognition of the Definition of Internal Auditing, the Code of Ethics, and the Standards in the Internal Audit Charter	Moderate to Leading
1100 - Independence and Objectivity	Moderate to Leading
1110 - Organizational Independence	Leading
1111 - Direct Interaction with the Board	Leading
1120 - Individual Objectivity	Moderate to Leading
1130 - Impairment to Independence or Objectivity	Leading
1200 - Proficiency and Due Professional Care	Moderate to Leading
1210 - Proficiency	Moderate to Leading
1220 - Due Professional Care	Leading
1230 - Continuing Professional Development	Moderate to Leading
1300 - Quality Assurance and Improvement Program / 1310 - Requirements of the Quality Assurance and Improvement Program	Moderate to Leading
1311 - Internal Assessments	Moderate to Leading
1312 - External Assessments	Moderate to Leading
1320 - Reporting on the Quality Assurance and Improvement Program	Basic
1321 - Use of "Conforms with the International Standards for the Professional Practice of Internal Auditing" / 1322 - Disclosure of Nonconformance	Leading
2000 - Managing the Internal Audit Activity	Moderate to Leading
2010 - Planning	Leading
2020 - Communication and Approval	Leading
2030 - Resource Management	Moderate to Leading
2040 - Policies and Procedures	Moderate to Leading

APPENDIX II – MATURITY BY IPPF STANDARD [CONT'D]

IPPF STANDARD	MATURITY RATING
2050 - Coordination	Leading
2060 - Reporting to Senior Management and the Board	Leading
2070 - External Service Provider and Organizational Responsibility for Internal Auditing	N/A
2100 - Nature of Work	Moderate to Leading
2110 - Governance	Leading
2120 - Risk Management	Moderate
2130 - Control	Moderate
2200 - Engagement Planning	Leading
2201 - Planning Considerations	Leading
2210 - Engagement Objectives.	Leading
2220 - Engagement Scope.	Leading
2230 - Engagement Resource Allocation	Leading
2240 - Engagement Work Program	Moderate
2300 - Performing the Engagement	Moderate to Leading
2310 - Identifying Information	Leading
2320 - Analysis and Evaluation	Moderate
2330 - Documenting Information	Leading
2340 - Engagement Supervision	Moderate
2400 - Communicating Results	Leading
2410 - Criteria for Communicating	Moderate to Leading

APPENDIX II – MATURITY BY IPPF STANDARD [CONT'D]

IPPF STANDARD	MATURITY RATING
2420 - Quality of Communications	Moderate to Leading
2421 - Errors and Omissions	Basic
2430 - Use of "Conducted in Conformance with the International Standards for the Professional Practice of Internal Auditing"	Leading
2431 - Engagement Disclosure of Nonconformance	Basic
2440 - Disseminating Results	Leading
2450 - Overall Opinions	Basic
2500 - Monitoring Progress	Leading
2600 - Communicating the Acceptance of Risks	Leading

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City of Mississauga
Corporate Report



Date: 2018/02/05

To: Chair and Members of Audit Committee

From: Al Steinbach, CPA, CMA, CRMA
 Director, Internal Audit

Originator's files:

Meeting date:
 2018/03/05

Subject

2018-2020 Internal Audit Multi-Year Work Plan Report

Recommendation

That the report dated February 5, 2018 from the Director, Internal Audit, with respect to the 2018 to 2020 Multi-Year Internal Audit Work Plan be approved.

Report Highlights

- An Internal Audit Work Plan for 2018 to 2020 was developed based on the results of the Corporate Risk Assessment conducted in late 2017, discussion with senior management and within the Internal Audit Division as well as an analysis of past audits performed.
- The Internal Audit Work Plan is being presented to the Audit Committee for approval at the March 5, 2018 Audit Committee Meeting.
- The Internal Audit Work Plan must remain flexible to accommodate ad hoc requests from the Audit Committee and senior management.

Background

An Internal Audit Work Plan for 2018 to 2020 was developed based on the results of a Corporate Risk Assessment conducted in 2017, discussion with Senior Management and within the Internal Audit Division.

The Internal Audit Charter (By-law 0065-2013) requires the Internal Audit Division to develop “a flexible audit plan using an appropriate risk-based methodology, including any risk or control concerns identified by management, and submit that plan to the Audit Committee for review and approval as well as periodic updates.”

This report provides information on the audit projects being recommended for 2018 to 2020.

Audit Committee	2018/02/05	2
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Originators files:

Comments

Corporate Risk Assessment

Internal Audit has completed a Corporate Risk Assessment that has identified, measured and prioritized risks and reinforced risk assessment principles across the Corporation. A summary report and overview of the Corporate Risk Assessment was provided to the Leadership Team on January 18, 2018.

Internal Audit Work Plan

Based on the results of the Corporate Risk Assessment, discussion with senior management and within the Internal Audit Division, Internal Audit has prepared a work plan for 2018 to 2020 (see Appendix 1). The work plan has also taken into account specific requests and responses from management staff expressed through the Corporate Risk Assessment exercise and through interviews.

Consultative Services and Special Assignments

The Internal Audit Work Plan must remain flexible in order to accommodate consulting requests and special assignments. In 2016 and 2017, approximately 31% and 27% of available audit time was spent in these areas.

Financial Impact

None.

Conclusion

Based on the results of the Corporate Risk Assessment completed in late 2017 and discussions with senior management and within the Internal Audit Division, the Internal Audit Work Plan for 2018 to 2020 has been developed. The work plan must remain flexible in order to rebalance the listed projects to take into account requests from the Audit Committee, consulting requests from Management and special reviews and expansion of audit scope.

Specific projects for each of the three years are listed in Appendix 1. Progress reports are provided to the Audit Committee periodically and the work plan will be refreshed on an annual basis.

Attachments

Appendix 1: 2018 to 2020 Internal Audit Work Plan Report

Audit Committee

2018/02/05

3

Originators files:



Al Steinbach, CPA, CMA, CRMA
Director, Internal Audit

Prepared by: Al Steinbach, Director, Internal Audit

**2018 to 2020
Internal Audit Work Plan
Audits by Service Area by Year**

Page 1 of 3

	2018		2019	2020	Previous Audit(s)
Service Area	Work in Progress	New	New	New	
Stormwater					
			Stormwater Revenue		New
Business Services					
	2017 Investments		2018 Investments	2019 Investments	Annual
	Single/Sole Source Acquisitions				New
		Corporate Payroll (Non Union, Permanent)			2006 (Overtime – 2015)
		Cashiers Operations			2002
		Office Supplies Contract			New
			Print Shop Operations		New
			Payroll – Temporary Staff		2007
			Reserve Fund Management		New
				Human Resources Recruitment Process	New
Roads					
	Streetlighting Program				2011
		Sign Shop			New
			Traffic Signal Maintenance		2005
				Works – Current Maintenance Contracts	2004, 2015
				Paid Parking	2005, 2013

**2018 to 2020
Internal Audit Work Plan
Audits by Service Area by Year**

Page 2 of 3

	2018		2019	2020	Previous Audit(s)
Service Area	Work in Progress	New	New	New	
Mississauga Transit (MiWay)					
				Prestocard Revenue	2012
Facilities and Property Management					
	Capital Project Contracts				2009
Parks and Forestry					
	Urban Forestry – Current Contracts				2007
Recreation					
	CLASS – Memberships and Registrations				2009
Fire and Emergency Services					
			Fire Fleet Acquisition		New
				Fire Payroll	2008
Mississauga Library System					
			Library Acquisitions		2011
Information Technology					
		IT Hardware			2013
			IT Capital Projects		2005
				IT Security	2017 - Review
Land Development Services					
			e-Plan		New
				Building Inspections	New
				Development Charges	New
City Manager's Office: Legal Services – Risk and Insurance					
				Claims Administration System	New
TOTAL	6	5	10	10	

**2018 to 2020
Internal Audit Work Plan
Audits by Service Area by Year**

Notes:

1. This work plan is prepared based on the resources that are currently available to the Internal Audit Division. Changes to the work plan may be necessary if there are significant changes to the level of resources.
2. This work plan may be changed to accommodate requests from the Audit Committee, City Manager and Leadership Team or to allow expansion of audit scope where deemed appropriate by the Director, Internal Audit.
3. Some of the projects will commence towards the end of the calendar year and will be carried forward to the following year.