SHIRE OF YORK

NOTICE OF MEETING

Dear Committee Members

I respectfully advise that the AUDIT AND RISK COMMITTEE MEETING will be held in Council Chambers, York Town Hall, York on Tuesday, 18 July 2023, commencing at 3.00pm.

MEETING AGENDA ATTACHED

Chris Linnell

CHRIS LINNELL
CHIEF EXECUTIVE OFFICER
Date: 13 July 2023

☛ PLEASE READ THE FOLLOWING IMPORTANT DISCLAIMER BEFORE PROCEEDING ☚

> **MISSION STATEMENT**
> *"Building on our history to create our future"*

Order Of Business

1 OPENING

1.1 Declaration of Opening

1.2 Acknowledgement/Disclaimer

The Presiding Member advises the following:

"The York Shire Council acknowledges the Ballardong people of the Noongar Nation who are the Traditional Owners of this country and recognise their continuing connection to land, water, sky and culture. We pay our respects to all these people and their Elders past, present and emerging.

This meeting is being recorded on a digital audio and visual device to assist with minute taking purposes. The public is reminded that in accordance with Section 6.16 of the Shire of York Local Government (Council Meetings) Local Law 2016 that nobody shall use any visual or vocal recording device or instrument to record the proceedings of Council without the written permission of the presiding member.

I wish to draw attention to the Disclaimer Notice contained within the agenda document and advise members of the public that any decisions made at the meeting today, can be revoked, pursuant to the Local Government Act 1995.

Therefore members of the public should not rely on any decisions until formal notification in writing by Council has been received. Any plans or documents in agendas and minutes may be subject to copyright. The express permission of the copyright owner must be obtained before copying any copyright material."

1.3 Attendance Via Electronic Means

1.4 Standing Orders

1.5 Announcement of Visitors

1.6 Declarations of Interest that Might Cause a Conflict

Councillors/Staff are reminded of the requirements of s5.65 of the Local Government Act 1995, to disclose any interest during the meeting when the matter is discussed and also of the requirement to disclose an interest affecting impartiality under the Shire of York's Code of Conduct.

Name	Item No & Title	Nature of Interest (and extent, where appropriate)

1.7 Declaration of Financial Interests

A declaration under this section requires that the nature of the interest must be disclosed. Consequently a member who has made a declaration must not preside, participate in, or be present during any discussion or decision making procedure relating to the matter the subject of the declaration.

Other members may allow participation of the declarant if the member further discloses the extent of the interest and the other members decide that the interest is trivial or insignificant or is common to a significant number of electors or ratepayers.

Name	Item No & Title	Nature of Interest (and extent, where appropriate)

1.8   Disclosure of Interests that may affect Impartiality

Councillors and staff are required (Code of Conduct), in addition to declaring any financial interest, to declare any interest that might cause a conflict. The member/employee is also encouraged to disclose the nature of the interest. The member/employee must consider the nature and extent of the interest and whether it will affect their impartiality. If the member/employee declares that their impartiality will not be affected then they may participate in the decision making process.

Name	Item No & Title	Nature of Interest (and extent, where appropriate)

2   ATTENDANCE

2.1   Members

2.2   Staff

2.3   Apologies

2.4   Leave of Absence Previously Approved

2.5   Number of People in the Gallery at Commencement of Meeting

3   QUESTIONS FROM PREVIOUS MEETINGS

4   PUBLIC QUESTION TIME

Public Question Time is conducted in accordance with the Act and Regulations. In addition to this the Shire's *Local Government (Council Meetings) Local Law 2016* states –

6.7 Other procedures for question time for the public

(1)   A member of the public who wishes to ask a question during question time must identify themselves and register with a Council Officer immediately prior to the meeting.

(2)   A question may be taken on notice by the Council for later response.

(3)   When a question is taken on notice the CEO is to ensure that—

(a)   a response is given to the member of the public in writing; and
(b)   a summary of the response is included in the agenda of the next meeting of the Council.

(4)   Where a question relating to a matter in which a relevant person has an interest is directed to the relevant person, the relevant person is to—

(a)   declare that he or she has an interest in the matter; and
(b)   allow another person to respond to the question.

(5) Each member of the public with a question is entitled to ask up to 2 questions before other members of the public will be invited to ask their questions.

(6) Where a member of the public provides written questions then the Presiding Member may elect for the questions to be responded to as normal business correspondence.

(7) The Presiding Member may decide that a public question shall not be responded to where—

(a) the same or similar question was asked at a previous meeting, a response was provided and the member of the public is directed to the minutes of the meeting at which the response was provided;

(b) the member of the public uses public question time to make a statement, provided that the Presiding Member has taken all reasonable steps to assist the member of the public to phrase the statement as a question; or

(c) the member of the public asks a question that is offensive or defamatory in nature, provided that the Presiding Member has taken all reasonable steps to assist the member of the public to phrase the question in a manner that is not offensive or defamatory.

(8) A member of the public shall have 2 minutes to submit a question.

(9) The Council, by resolution, may agree to extend public question time.

(10) Where any questions remain unasked at the end of public question time they may be submitted to the CEO who will reply in writing and include the questions and answers in the agenda for the next ordinary Council meeting.

(11) Where an answer to a question is given at a meeting, a summary of the question and the answer is to be included in the minutes.

4.1 Written Questions – Current Agenda

4.2 Public Question Time

5 APPLICATIONS FOR LEAVE OF ABSENCE

6 PRESENTATIONS

7 CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Audit and Risk Committee Meeting - 21 March 2023
Special Audit and Risk Committee Meeting - 28 March 2023
Special Audit and Risk Committee Meeting - 17 April 2023

Confirmation

That the minutes of the Audit and Risk Committee Meeting held on 21 March 2023, the Special Audit and Risk Committee Meeting held on 28 March 2023 and the Special Audit and Risk Committee Meeting held on 17 April 2023 be confirmed as a correct record of proceedings.

8 ANNOUNCEMENTS BY PRESIDING MEMBER WITHOUT DISCUSSION

9 OFFICER'S REPORTS

9.1 RISK MANAGEMENT UPDATE AS AT 17 MAY 2023

File Number:	4.4274
Author:	**Alina Behan, Executive Manager Corporate & Community Services**
Authoriser:	**Chris Linnell, Chief Executive Officer**
Previously before Council:	**28 June 2022 (020622)** **27 September 2022 (100922)** **20 December 2022 (141222)** **21 March 2023 (420323)**
Disclosure of Interest:	**Nil**
Appendices:	**1. Risk Dashboard & Profiles** ⇩

NATURE OF COUNCIL'S ROLE IN THE MATTER

Executive

PURPOSE OF REPORT

This report provides the Audit and Risk Committee (the Committee) with an update regarding progress on the Shire's Risk Management.

BACKGROUND

The Shire of York's Risk Assessment and Management Policy, in conjunction with the Risk Management Framework, sets out the Shire's approach to the identification, assessment, management and monitoring of risks.

Appropriate governance of risk management within the Shire provides:

1. Transparency of decision making
2. Clear identification of the roles and responsibilities of the risk management functions
3. An effective governance structure to support the Risk Management Framework

The Committee's role and responsibilities include:

1. Regular review of the appropriate and effectiveness of the Risk Management Framework
2. Support Council to provide effective corporate governance
3. Oversight of all matters that relate to the conduct of external audits
4. Must be independent, objective and autonomous in deliberations

It is essential to monitor and review the management of risks as changing circumstances may result in some risks increasing or decreasing in significance. By regularly reviewing the effectiveness and efficiency of controls and appropriateness of treatment/action options selected, it can be determined if the organisation's resources are being put to the best use possible.

An internal Risk Working Group (RWG) has been formed to enable Officers from across the organisation to meet regularly and monitor the progress against the Risk Improvement Plan, Risk Management Framework and Register. Further, the RWG is responsible for implementation of timely and effective remedial measures to address risk management deficiencies.

This report presents an update of risks identified and addressed across the organisation for consideration and recommendation to Council. The Committee last considered the Risk

Management Update at its March 2023 meeting which was endorsed by Council at its March 2023 Ordinary Meeting where it resolved (420323):

"That, with regard to the Minutes and Recommendations of the Audit and Risk Committee Meeting held on 21 March 2023, Council:

1. *Receives the Unconfirmed Minutes of the Audit and Risk Committee (the Committee) Meeting held on 21 March 2023, as presented in Appendix 1, and adopts the following recommendations of the Committee:*

   a. *Resolves to receive the Road Risk Register with the understanding that it is a living document that will be updated on an as needs basis.*

   b. *Notes that Officers will review the current system and provide options for future reporting.*

   c. *Requests the Chief Executive Officer to present the Road and Drainage Asset Management Plans to the September 2023 Audit and Risk Committee Meeting.*

   d. *Receives the Shire of York Risk Register Dashboard Report as at 8 February 2023.*

   e. *Notes the progress made to date regarding the actions contained in the Risk Register and that Officers will review the current system and provide options for future reporting.*

   f. *Requests the Chief Executive Officer to present the next review of the Risk Register to the Audit and Risk Committee at its June 2023 meeting.*

   g. *Resolves to adopt the completed 2022 Compliance Audit Return for certification by the Shire President and the Chief Executive Officer in accordance with Regulation 15(2) of the Local Government (Audit) Regulations 1996.*

   h. *Requests the Chief Executive Officer to submit the 2022 Compliance Audit Return to the Departmental CEO of the Department of Local Government, Sport and Cultural Industries prior to 31 March 2023 in accordance with Regulation 15(1) of the Local Government (Audit) Regulations 1996.*

   i. *Revokes Delegations DE5-2 – Tender Evaluation Criteria, DE5-3 – Minor Variation for Goods and Services and DE5-5 – Tenders to be invited for Certain Contracts.*

   j. *Adopts Delegation DE5-6 - Tenders for Goods and Services – Accepting and Rejecting Tenders, Varying Contracts and Exercising Contract Extension Options.*

   k. *Authorises the Chief Executive Officer to amend Policy F2 – Procurement to increase the tender threshold limit from $150,000 to $250,000 to align with Delegation DE5-6 - Tenders for Goods and Services – Accepting and Rejecting Tenders, Varying Contracts and Exercising Contract Extension Options.*

   l. *Authorises the Chief Executive Officer to make any minor typographical and formatting changes to Delegation DE5-6 - Tenders for Goods and Services – Accepting and Rejecting Tenders, Varying Contracts and Exercising Contract Extension Options prior to publication."*

In accordance with point 1f of Council's March 2023 resolution, the Register is presented to the Committee for consideration, noting the Committee's Ordinary Meeting scheduled for 13 June 2023 was rescheduled to this meeting of 18 July 2023.

COMMENTS AND DETAILS

The RWG meets regularly to review and update the risk register and prioritise actions considering potential organisational opportunities and the adverse effects that could result. The RWG monitors these risks so that organisational objectives can be achieved considering the Shire's appetite for risk.

A comprehensive RWG review of actions was undertaken on 17 May 2023 and the Risk dashboard updated accordingly. The dashboard details a total of eighty-seven (87) actions that are still in

progress or ongoing or are new actions to be completed. The updated Risk Dashboard is presented in Appendix 1.

<u>Asset Sustainability</u>

The Transport Asset Management Plans have been developed were presented to Council at its June 2023 Ordinary Meeting (060623). The delayed completion of this project has resulted in a delayed commencement of the Building and Open Space Asset Management Plans. These asset classes are due for a review of Fair Value in the 2022/23 financial year. Since the May RWG meeting Officers have released a Request for Proposal to the market to seek a suitably qualified consultant to undertake this work. This information will inform the Annual Financial Statement for 2022/23 which is due for completion and submission by 30 September 2023.

<u>Employment Practices</u>

Commencement of the updated Workforce Plan has been delayed to the 2023/24 Financial Year due to staffing and budgetary constraints.

<u>Engagement</u>

The 2022/23 Community Scorecard was received by Council at its May Ordinary Council Meeting (OCM) (040523). The Shire was noted to be performing above average in nineteen (19) out of the forty-six (46) areas surveyed. Items of community concern included roads, footpaths, trails and cycleways, town centre development and activation, streetscapes trees and verges, Avon River management, corellas and pigeons. This information has been provided to the consultants responsible for the Minor Strategic Review which commenced in early May 2023.

<u>Errors, Omissions and Delays</u>

The Audit Regulation 17 and FMR Regulation 5 review commenced in early May 2023 to review the Shire's internal controls and risk management. Consultants undertook field testing and will provide a report to be tabled at the September Audit and Risk Committee meeting. This will include recommendations to assist in addressing significant findings identified by the Office of the Auditor General (OAG) in its 2021/22 Audit process.

<u>Information Technology</u>

NBN connections have now been established at the Shire Administration, Depot and Residency Museum facilities through installation of direct fibre connections.

<u>Misconduct</u>

The Audit Regulation 17 and FMR Regulation 5 review will test internal controls and suggest improvements that will assist in misconduct prevention.

A thorough review of the Delegations Register was conducted during May 2023 and was presented to Council at its June OCM (140623). The review upgraded several delegations to align with the WALGA preferred template and addressed identified gaps in the current delegations register.

<u>New actions</u>

The RWG continues to monitor the environment for changes that could result in the need for new actions to mitigate risks to the Shire. There were no new actions identified in this quarter.

<u>Superseded Actions</u>

There were approximately three (3) superseded actions for this period.

<u>Going Forward</u>

Officers have been working with Government Frameworks to transition risk reporting to the new platform. It is anticipated that the new format will be presented to the Audit and Risk Committee at its September 2023 meeting.

OPTIONS

The Committee has the following options:

Option 1: The Committee could recommend that Council requests the Chief Executive Officer to ensure all issues have been dealt with within a certain timeframe. However, Officers have focused on those issues that present the highest risk to the Shire for immediate action within current resources and will continue to work through the remaining issues on the same basis.

Option 2: The Committee could recommend that Council accepts the Shire of York Risk Register Dashboard Report as at 17 May 2023.

Option 2 is the recommended option.

IMPLICATIONS TO CONSIDER

Consultative

LGIS

RWG

Office of the Auditor General

Strategic

Strategic Community Plan 2020-2030

Goal 5:   Strong Leadership and Governance

To have effective and responsive leadership and governance, where a sense of collective purpose and shared direction combine to work together.

Policy Related

G19   Risk Assessment and Management

Financial

Financial implications of the proposed risk mitigation strategies are presented to Council as they emerge and inform the annual budget process.

Legal and Statutory

Regulation 17 of the *Local Government (Audit) Regulations 1996* is applicable and states:

"17.   CEO to review certain systems and procedures

(1)   The CEO is to review the appropriateness and effectiveness of a local government's systems and procedures in relation to —

(a)   risk management; and

(b)   internal control; and

(c)   legislative compliance.

(2)   The review may relate to any or all of the matters referred to in subregulation (1)(a), (b) and (c), but each of those matters is to be the subject of a review not less than once in every 3 financial years.

(3)   The CEO is to report to the audit committee the results of that review."

Risk Related

The development and regular update of an organisational Risk Register is a risk management tool.

Workforce

It is proposed that risk mitigation actions are undertaken within current resources. Where additional resources are required, this will be identified and submitted as part of the annual budget process.

VOTING REQUIREMENTS

Absolute Majority: No

RECOMMENDATION

That, with regard to the Risk Management Update as at 17 May 2023, the Audit and Risk Committee recommends that Council:

1. **Receives the Shire of York Risk Register Dashboard Report as at 17 May 2023, as presented in Appendix 1.**

2. **Notes the progress made to date regarding the actions contained in the Risk Register and that Officers will review the current system and provide options for future reporting.**

3. **Requests the Chief Executive Officer to present the next review of the Risk Register to the Audit and Risk Committee at its September 2023 meeting.**

Shire of York
May 2023

Asset Sustainability practices

	Risk	Control
	Moderate	Inadequate

Failure or reduction in service of infrastructure assets, plant, equipment or machinery. These include fleet, buildings, roads and playgrounds and all other assets during their lifecycle from procurement to disposal.

Actions	Due Date	Responsibility
Maintenance and repairs schedules to be documented as a result of AMP's. Operational plans to be developed.	Jun-23	EMIDS
Develop asset replacement program for capital items	Jun-23	EMIDS
Develop and implement asset management processes after development of operational plans	Jun-23	EMIDS
Review Asset Management Plans and present to Council for noting	Dec-24	EMIDS
Prepare Asset Disposal Policy for adoption by Council	Jun-23	AGC/EMIDS
Prepare designs to repair Mackie Siding	Jun-23	EMIDS

Business & Community disruption

	Risk	Control
	High	Adequate

Failure to adequately prepare and respond to events that cause disruption to the local community and / or normal business activities. This could be a natural disaster, weather event, or an act carried out by an external party (e.g. sabotage / terrorism).

Actions	Due Date	Responsibility
Staffing - Illness, Attraction and Retention	Ongoing	EMCCS
IT Disaster Recovery Testing	16/08/2023	EMCCS

Failure to fulfil Compliance requirements (statutory, regulatory)

	Risk	Control
	Moderate	Adequate

Failure to correctly identify, interpret, assess, respond and communicate laws and regulations as a result of an inadequate compliance framework. This includes, new or proposed regulatory and legislative changes, in addition to the failure to maintain updated internal & public domain legal documentation.

Actions	Due Date	Responsibility
Establish and maintain a risk register	Ongoing	EMCCS
Review the Risk Register quarterly	Ongoing	EMCCS
Undertake training for staff that includes refresher training on policies and procedures including changes to the Local Government Act.	Ongoing	EMCCS
Review and refresh Compliance Calendar and report to AARC	Jun-23	EMCCS
Increasing number of dog attacks and compliance issues. Ranger absence. Risk to Level of Service	Jan-23	DSC
Bushfire Compliance - WHS Procedures	Ongoing	EMIDS
DMIRS new requirements for asbestos reporting	Ongoing	EMIDS
Review building compliance for PML with WACHS	Jun-23	DSC

Document Management processes

	Risk	Control
	Moderate	Inadequate

Failure to adequately capture, store, archive, retrieve, provide or dispose of documentation.

Actions	Due Date	Responsibility
Prepare project brief for records digitisation and disposal for consideration in 23/24 budget	Mar-23	AGC
iAuditor App being examined for storage and collection of WHS issues to promote ease of use and encourage compliance	Dec-23	EMIDS
Additional applications for compliance, WHS etc will dilute the 'one source of truth' record keeping system	Ongoing	AGC
Develop a culture of good record-keeping	Ongoing	ELT
Develop succession planning strategies	Ongoing	EMCCS

Employment practices

	Risk	Control
	Moderate	Inadequate

Failure to effectively manage and lead human resources (full-time, part-time, casuals, temporary and volunteers).

Actions	Due Date	Responsibility
Ensure annual budget allocation to subscribe to WALGA HR assistance services	Ongoing	EMCCS
Implement annual training program for staff that includes refresher training on policies and procedures	Ongoing	EMCCS
Review Workforce Plan - informed gap analysis project	Jun-23	EMCCS
Complete Employee Manual for inclusion in employee inductions	Ongoing	ESO/HR
Include Employee Assistance Program process in Employee Manual.	Ongoing	EMCCS
Training needs identified as part of annual budget process	Ongoing	Executive & Supervisors

Engagement practices

	Risk	Control
	Low	Effective

Failure to maintain effective working relationships with the Community (including local Media), Stakeholders, Key Private Sector Companies, Government Agencies and / or Elected Members. This includes activities where communication, feedback or consultation is required and where it is in the best interests to do so.

Actions	Due Date	Responsibility
Implement the actions contained in the Disability Access and Inclusion Plan	1/06/2023	All staff
Develop new Engagement Framework	1/06/2023	EMCCS
Undertake Community Scorecard 2022/23	1/06/2023	EMCCS

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Environment management

	Risk	Control
	Moderate	Adequate

Inadequate prevention, identification, enforcement and management of environmental issues.

Actions	Due Date	Responsibility
Identification of new and review of current hockey stick locations for endangered flora on roadsides	Ongoing	EMIDS
Develop a coordinated approach to disseminating information to new and existing residents re: waste and other environmental initiatives	Ongoing	EMIDS
Conduct a recycling education program once new waste collection contract is signed.	1/06/2023	EHO
Develop a strategy to manage corella control in the Shire of York.	Ongoing	DSC/EHO
Develop and implement procedures for the use of hazardous chemicals to include strategies for community consultation	1/06/2023	EMIDS

Errors, omissions & delays

	Risk	Control
	Moderate	Adequate

Errors, omissions or delays in operational activities as a result of unintentional errors or failure to follow due process including incomplete, inadequate or inaccuracies in advisory activities to customers or internal staff.

Actions	Due Date	Responsibility
Implement a staff training program that includes refresher training on procurement	Ongoing	EMCCS
Review Procurement Policy and Procedures	1/06/2023	FM
Works delayed by stock items	Ongoing	EMIDS
Undertake business planning to develop an asset register/recording system	1/03/2023	EMIDS
Develop the Intranet for use of staff to display current documents and information	1/06/2023	AGO
Mapping the customer expectations for works including action request process and looking for improvements	1/06/2023	EMIDS

External theft & fraud (Including Cyber)

	Risk	Control
	High	Inadequate

Loss of funds, assets, data or unauthorised access, (whether attempted or successful) by external parties, through any means (including electronic).

Actions	Due Date	Responsibility
Review procedures and provide refresher training on cash handling	1/06/2023	FM
Document clear internal processes and systems to report any potential fraud, that include anonymous reporting (Fraud & Corruption)	1/06/2023	EMCCS
Investigate cashless operations at the CFC Facility	1/06/2023	EMIDS
Review cybersecurity measures	1/06/2023	EMCCS/FM
Review departmental responsibilities around security and assigning tasks appropriately	1/06/2023	ELT

Management of Facilities / Venues / Events

	Risk	Control
	Low	Adequate

Failure to effectively manage the day to day operations of facilities, venues and / or events.

Actions	Due Date	Responsibility
Events Committee to undertake desktop review of event management procedures	Ongoing	CPC
Develop procedures for facility bookings and feedback - events especially.	Ongoing	AGC/EMIDS ESO
Booking forms to include details of Evacuation Plans for all facilities	1/12/2023	EMIDS ESO/AGC
Investigate online booking system to be integrated into Shire website for community bookings	1/06/2023	AGC
Review signage for all venues giving consideration to the Access and Inclusion Audit	Ongoing	DSC/PMO
YRCC sharing of information with teams re: bookings	Ongoing	CPC
Review of the Events procedures and processes to consider current risks such as terrorism	1/06/2023	CPC

IT or communication systems and infrastructure

	Risk	Control
	Moderate	Adequate

Disruption, financial loss or damage to reputation from a failure of information technology systems.
Instability, degradation of performance, or other failure of IT or communication system or infrastructure causing the inability to continue business activities and provide services to the community. This may or may not result in IT Disaster Recovery Plans being invoked.

Actions	Due Date	Responsibility
Implement regular testing regime for effectiveness of IT Disaster Recovery Plan	Ongoing	IT/P
Hot water system leak in server room to be rectified	Ongoing	EMIDS
Review levels of service with the external IT providers	Ongoing	EMCCS
Improve levels of service at Shire outstations (ie museum, swimming pool, depot, YRCC)	1/06/2023	IT/P

Misconduct

	Risk	Control
	Moderate	Effective

Intentional activities intended to circumvent the Code of Conduct or activities in excess of authority, which circumvent endorsed policies, procedures or delegated authority.

Actions	Due Date	Responsibility
Review stocktaking procedures for minor plant and equipment, portable and attractive items.	1/06/2023	FM
Complete Employee Induction Manual	Ongoing	EMCCS
Review Delegation Authority Register to ensure details of sub-delegations are accurate	Ongoing	AGC
Undertake training for all staff on HR policies and procedures	Ongoing	EMCCS
Develop and implement an annual staff training program that includes refresher training in HR policies and procedures.	Ongoing	EMCCS
Review cash handling procedures for outstations	1/12/2023	FM
Develop and implement a periodic fraud awareness training program for all staff	Ongoing	EMCCS
Declarations of conflict of interest when staff attend meetings with contractors where they could influence the work.	Ongoing	EMIDS
Review of purchasing segregation and delegations after receipt of OAG Management letter	1/06/2023	ELT
Need to confirm validity of driver licences with implicated employees	Annual	EMCCS

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Project / Change management

	Risk	Control
	Moderate	Adequate

Inadequate analysis, design, delivery and / or status reporting of change initiatives, resulting in additional expenses, time delays or scope changes.

Actions	Due Date	Responsibility
Develop and implement procedures around Grants Management	1/06/2023	FM/EMIDS
Consider grants management as part of the new Government Frameworks package	1/06/2023	ELT
Implement the new contractor/project management procedures and forms and train all relevant staff. Include this in annual refresher training	1/06/2023	EMIDS
Financial risk in completing projects in time to acquit against grants	1/12/2023	EMIDS

Safety and Security practices

	Risk	Control
	Moderate	Adequate

Non-compliance with the Work Health and Safety Act, associated regulations and standards. It is also the inability to ensure the physical security requirements of staff, contractors and visitors. Other considerations are negligence or carelessness.

Actions	Due Date	Responsibility
Adopt the WHS Policy and Safety Manuals for staff	1/06/2023	EMIDS/EMCCS
Undertake training in WHS policies	Ongoing	EMIDS
CCTV to be installed at all buildings	1/06/2023	IT/P/GEAM
Update Evacuation Plans for the Depot to include new security gates and undertake emergency exercise	1/06/2023	EMIDS
Access register to be developed and maintained for Depot	Ongoing	OAO
MSDS for Depot missing - sheets and register to be updated	1/06/2023	EMIDS ESO
Undertake access and alarm upgrades at Administration, YRCC and Museum	1/06/2024	EMIDS
Undertake Emergency Evacuation testing at all facilities	1/12/2023	EMIDS
Front counter replacement to consider upgraded security measures	1/06/2023	EMIDS
Mechanism for flagging aggressive customers and properties.	1/06/2023	ELT
Bushfire volunteer safety inductions and training	Ongoing	EMIDS ESO
Continue to embed safety practices and processes into project work	1/06/2023	EMIDS

Supplier / Contract management

	Risk	Control
	Moderate	Adequate

Inadequate management of external Suppliers, Contractors, IT Vendors or Consultants engaged for core operations. This includes issues that arise from the ongoing supply of services or failures in contract management & monitoring processes.

Actions	Due Date	Responsibility
Purchase orders need review to include terms and conditions to form a more comprehensive contract	1/06/2023	FM
Seek explanations for non-compliance and provide information on PO before authorisation	Ongoing	ELT
Implement regular monitoring of contracts register	Ongoing	EMIDS
Contractor Management Procedures	Ongoing	EMIDS

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Asset Sustainability practices — May-23

Risk Context

Failure or reduction in service of infrastructure assets, plant, equipment or machinery.
These include fleet, buildings, roads and playgrounds and all other assets during their lifecycle from procurement to disposal.

Areas included in the scope are;
-Inadequate design (not fit for purpose)
-Ineffective usage (down time)
-Outputs not meeting expectations
-Inadequate maintenance activities.
-Inadequate financial management and planning (capital renewal plan).
It does not include issues with the inappropriate use of the Plant, Equipment or Machinery. Refer Misconduct.

Potential causes include;

Skill level & behaviour of operators	Unavailability of parts
Lack of trained staff	Lack of formal or appropriate scheduling (maintenance /
Outdated equipment	Unexpected breakdowns
Outdated Asset Management Plans	
Outdated Asset Management Framework	
Absence of Key Asset Documents (Plans etc.)	
Outdated Service Level Agreements	
Insufficient budget to maintain or replace assets	Portable attractive items inventory updates not completed

Key Controls	Type	Date	Rating
Procurement Process	Preventative	May-23	**Inadequate**
Disposal /Acquisition Process (Financial)	Preventative	May-23	**Inadequate**
Roads Routine Maintenance Program	Preventative	May-23	**Inadequate**
Plant Routine Maintenance Program	Preventative	May-23	**Adequate**
Buildings Routine Maintenance Program	Preventative	May-23	**Inadequate**
Asset Management Data Collection (RAMS and Finance)	Preventative	May-23	**Inadequate**
Asset replacement program (broad range of asset classes)	Preventative	May-23	**Inadequate**
Statutory requirements (licencing, etc) in place	Preventative	May-23	**Inadequate**
All maintenance and repairs are documented	Preventative	May-23	**Inadequate**
Reactive maintenance	Recovery	May-23	**Inadequate**
Insurance	Recovery	May-23	**Effective**
Equipment hire available if needed	Recovery	May-23	**Effective**
Training provided and qualifications updated.	Preventative	May-23	**Adequate**

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
EMCCS	Yes	Yes	Yes	Yes	Yes	Audit Reg 17 and FMR Reg 5 will compelte testing in June
EMIDS	Partial	Partial	Partial	Yes	Yes	Finance has a disposal process in place - asset register. Policy needed. EEDO to pass info on to EMIDS/Finance
EMIDS	Yes	Partial	Partial	Yes	Yes	
WS	Yes	Partial	Yes	Yes	Yes	Plant replacement program being developed
DSC / PMO	Partial	Partial	Yes	Yes	Yes	No routine maintenance program however when rental inspections are carried out, a list of maintenance jobs is created. Plan needed. Building asset management
ETO	Partial	Yes	Yes	Partial	Yes	Training needs to be updated.
EMIDS	Partial	Partial	Partial	Yes	Yes	Asset management processes incomplete
IT/P	Yes	Yes	Yes	Yes	Yes	
EMIDS	Yes	Partial	Partial	Yes	Yes	Documented through finance processes / action requests. Need to be registered.
TSO	Yes	Yes	Yes	Yes	Yes	As soon as maintenance issue is reported a P/O is completed.
IT/P	Partial	Yes	Yes	Partial	Yes	Claims not always submitted to Payroll Officer
EMIDS	Yes	Yes	Yes	Yes	Yes	
EMCCS / FM	Yes	Partial	Yes	Partial	Partial	Assets staff trained. Finance staff training to be completed following recruitment.

	Overall Control Ratings:	**Inadequate**

Actions	Due Date	Responsibility
~~Training needs submitted to 2019/20 Budget process~~	~~Mar-19~~	~~EMIDS~~
~~Develop annual training program for staff that includes refresher training in procurement~~	~~Jun-19~~	~~EMCCS~~
~~Review Asset Management Plans and submit for adoption by Council~~	~~Jun-19~~	~~ETO~~
~~Develop and implement procedure for submitting insurance claims~~	~~Dec-19~~	~~IT/P~~
~~Undertake building risk assessments in consultation with LGIS~~	~~Dec-19~~	~~DSC/TSO/PMO~~
~~Formalise Asset Disposal Process~~	~~Complete~~	~~EMIDS~~
~~Develop and implement Insurance Claims Checklist~~	~~Complete~~	~~IT/P~~
~~Open Space Asset Management Plan to be prepared~~	~~Complete~~	~~EMIDS~~
Maintenance and repairs schedules to be documented as a result of AMP's. Operational plan	Jun-23	EMIDS
Develop asset replacement program for capital items	Jun-23	EMIDS
Develop and implement asset management processes after development of operational plans	Jun-23	EMIDS
Review Asset Management Plans and present to Council for noting	Dec-24	EMIDS
Prepare Asset Disposal Policy for adoption by Council	Jun-23	AGC/EMIDS
Prepare designs to repair Mackie Siding	Jun-23	EMIDS

Status of Actions	Comments
Complete	
Complete	
Complete	Submitted to June OCM.
Complete	Circulated by Matthew
Complete	Now that asset management plans have been adopted.
Not Started	Will commence once AMPs received
Not Started	Not yet commenced, to be undertaken by new Graduate Engineer - Asset Management as part of their
Not Started	Formal processes not yet commenced
Complete	
Complete	
In progress	Presented to ELT 19 August 2022
In progress	Transport Asset Management Plan to be presented Council May 2023, Open Space Asset Management
In progress	Draft to be presented to AARC 22/23
In progress	Designs for decommission, replacement and improvement have been undertaken and costed. These will

Consequence Category	Risk Ratings	Rating
Financial / Reputational	Consequence:	*Minor (2)*
	Likelihood:	*Possible (3)*
	Overall Risk Ratings:	**Moderate**

Business & Community disruption — May-23

Risk Context

Failure to adequately prepare and respond to events that cause disruption to the local community and / or normal business activities. This could be a natural disaster, weather event, or an act carried out by an external party (e.g. sabotage / terrorism).

This includes;
-Lack of (or inadequate) emergency response / business continuity plans.
-Lack of training for specific individuals or availability of appropriate emergency response.
-Failure in command and control functions as a result of incorrect initial assessment or untimely awareness of incident.
-Inadequacies in environmental awareness and monitoring of fuel loads, curing rates etc
This does not include disruptions due to IT Systems or infrastructure related failures - refer "Failure of IT & communication systems and infrastructure".

Potential causes include;

Cyclone, storm, fire, earthquake, flooding	Extended utility outage (electricity, communications etc.)
Terrorism / sabotage / criminal behaviour	Economic Factors
Epidemic / Pandemic	Loss of key staff
Loss of suppliers	Loss of key infrastructure

Key Controls	Type	Date	Rating
Functional Local Emergency Management Arrangements (LEMA)	Preventative	May-23	Effective
Bushfire Risk Management Program	Preventative	May-23	Effective
Volunteer management & training (Volunteer inductions TBC)	Preventative	May-23	Adequate
Community recovery preparation	Preventative	May-23	Inadequate
Community fire prevention education	Preventative	May-23	Effective
Business Continuity Framework (Policy, Procedures & Plans)	Preventative	May-23	Effective
Internal Emergency Management Plan (Emergency Management Procedures and Evacuation Plans)	Preventative	May-23	Inadequate
Generator	Recovery	May-23	Inadequate
I.T. Disaster Recovery Plan	Recovery	May-23	Effective
Identification of alternatives to critical infrastructure in Asset Management Plans	Recovery	May-23	Inadequate
	Overall Control Ratings:		Adequate

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
CESM	Yes	Yes	Yes	Yes	Yes	
CESM	Yes	Yes	Yes	Yes	Yes	
EMIDS	Yes	Yes	Yes	Yes	Yes	
EMIDS	Yes	Yes	Yes	Yes	Yes	
EMIDS	Yes	Yes	Yes	Yes	Yes	
IT/P	Yes	Partial	Yes	Yes	Yes	As part of IT Security Plan, Needs work
DSC	Partial	Partial	Partial	Partial	Yes	Training to be undertaken. Equipment now. Changes to be reviewed.
EMIDS	No	No	No	No	Yes	The Shire does not own a generator for Town Hall - Emergency services
IT/P	Yes	Yes	Yes	Yes	Yes	
EMIDS	No	No	No	No	No	To be undertaken

Actions	Due Date	Responsibility
Undertake an emergency evacuation drill	Complete	TSO
Develop and document a Business Continuity Framework	Complete	EMCCS
Finalise and implement IT Security Plan	Complete	IT/P
Engage a BRMPC 4 days per fortnight to develop a BRMP	Complete	BRMPC
Distribute and seek feedback from staff regarding Business Continuity Framework	Jun-19	IT/P
Assign funding in the budget to purchase a generator	Superseded	EMIDS
Schedule testing of IT Security Plan and Business Continuity Framework procedures for effectiveness	Complete	IT/P
Develop organisational Business Continuity Plan in consultation with LGIS	Dec-20	EMCCS
Investigate the installation of infrastructure to facilitate hire of a generator in the event of an emergency	Superseded	DSC
Arrange replacement of UPS and Server	Complete	IT/P
Review IT Disaster Recovery Plan	Complete	IT/P
Covid Work Plan	Complete	EMCCS
Staffing - Illness, Attraction and Retention	Ongoing	EMCCS
IT Disaster Recovery Testing	Aug-23	EMCCS

Status of Actions	Comments
Complete	Action plan developed and being implemented.
Complete	As part of IT Security Plan
Complete	Security Plan developed. New IT Service Provider engaged.
Complete	BRMPC engaged. Plan developed and submitted to Council. Works in progress.
Complete	No comments received - commence testing phase
Not progressed - superseded	Due to changeover in EMIDS.
Complete - test successful	Process to be managed by IT Provider
Complete	Completed Dec 2021 presented to AARC March 2 2021 and OCM March 23
To be commenced	Review to fit into org BCP
Complete	Server and UPS at end of life - to be replaced prior to implementation of Altus Payroll, Procurement and Records
To be commenced	COVID BCP prepared and adopted - wider BCP completed, Review still required
Complete	Adjusts in accordance with State Government Mandates
Ongoing	Recruitment and marketing processes under review to provide attraction. Housing Strategy to be developed to support key staff. Flexible Working Policy to be developed to capture offerings already in place to demonstrate to potential employees the value of working at the Shire. Wellness initiatives being included in recruitment advertisements. Advertising of internal secondment and higher duties opportunities.
Ongoing	Latest test conducted 26 August 22. Altus products cannot be tested in the sandpit environment. NBN fibre to node will resolve this issue and allow live testing. Cable is now installed, await cutover before end of FY

Business & Community disruption　　　　　　　　　　**May-23**

Consequence Category	Risk Ratings	Rating
Service Interruption / Reputation	Consequence:	Moderate (3)
	Likelihood:	Likely (4)
	Overall Risk Ratings:	High

Failure to fulfil Compliance requirements (statutory,   May-23

Risk Context

Failure to correctly identify, interpret, assess, respond and communicate laws and regulations as a result of an inadequate compliance
It includes (amongst others) the Local Government Act, Planning & Development Act, Health Act, Building Act, Dog Act, Cat Act,
Freedom of Information Act and all other legislative based obligations for Local Government.

It does not include Occupational Safety & Health Act (refer "Inadequate safety and security practices") or any Employment Practices
based legislation (refer "Ineffective Employment practices).

Potential causes include;

Lack of training, awareness and knowledge	Lack of Legal Expertise
Staff / Councillor Turnover/Vacancies and General Resourcing	No Compliance Officer or person responsible for Compliance oversight and enforcement
Inadequate record keeping/ failure of corporate electronic systems	Breakdowns in the tender or procurement process
Ineffective policies & processes	Ineffective monitoring of changes to legislation

Key Controls	Type	Date	Rating
Compliance framework / calendar	Preventative	May-23	*Adequate*
'Advice' monitoring (subscriptions & memberships)	Preventative	May-23	*Effective*
Annual Compliance Return	Detective	May-23	*Effective*
Standardised forms & check sheets (Compliance)	Preventative	May-23	*Adequate*
State Administrative Tribunal / Ombudsman	Recovery	May-23	*Adequate*
Record-keeping	Preventative	May-23	*Inadequate*
FMR and Audit Reg 17 Reviews undertaken by independent auditor	Detective	May-23	*Effective*
Risk and WHS Working Group	Detective	May-23	*Adequate*

			Overall Control Ratings:	*Adequate*

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
EMCCS	Yes	Partial	Yes	Yes	Yes	Replaced by Attain and Government Frameworks
CEO	Yes	Yes	Yes	Yes	Yes	Annual budget allocation for memberships
EMCCS	Yes	Yes	Yes	Yes	Yes	Completed on time and with accuracy
AGC	Yes	Partial	Yes	Partial	Yes	On-going process of development
CEO	Yes	Partial	Yes	Partial	Yes	Legislated. Informal process.
AGC	Yes	Yes	Yes	Partial	Yes	State Records Act 2000
EMCCS	Partial	Yes	Yes	Yes	Yes	Consultant apointed for 2023 review
EMCCS	Yes	Yes	Yes	Partial	Yes	Group established and meets quarterly. OSH working group established.

Actions	Due Date	Responsibility
Develop a Compliance Policy	Complete	EMCCS
Develop an Internal Control Policy	Complete	EMCCS
Amend Code of Conduct to require alleged breaches to be reported to the CEO.	Complete	EMCCS
Complete Compliance Calendar	Complete	EMCCS
Address risks outlined in Financial Management Review	Complete	FM
Include documentation of procedures as a KPI for all staff	Complete	Executive & Supervisors
Establish an OSH Working Group separate to Risk Working Group	Complete	EMIDS
Undertake training for elected OSH Representatives.	Complete	EMIDS
Review structure of AARC in line with new LG Act	Complete	FM
Develop a process for internal audit.	Jun-19	EMCCS
Establish and maintain a risk register	Ongoing	EMCCS
Review the Risk Register quarterly	Ongoing	EMCCS
Undertake training for staff that includes refresher training on policies and procedures including changes to the Local Government Act.	Ongoing	EMCCS
Review and refresh Compliance Calendar and report to AARC	Jun-23	EMCCS
Increasing number of dog attacks and compliance issues. Ranger absence. Risk to Level	Jan-23	DSC
Bushfire Compliance - WHS Procedures	Ongoing	EMIDS
DMIRS new requirements for asbestos reporting	Ongoing	EMIDS
Review building compliance for PML with WACHS	Jun-23	DSC

Status of Actions	Comments
Complete	Policy adopted by Council in September 2017.
Complete	Policy adopted by Council in September 2017.
Complete	Code of Conduct amended and presented to the Risk & OSH Working Group.
Ongoing	Risk training undertaken and register established with input from staff. Risks identified in previous Reg 17
Complete	Compliance calendar established and populated. To be moved to new Attain platform
Complete	All issues addressed. On-going process of documentation of procedures.
To be actioned	In 2018/19
Complete	Included in Performance Review Process undertaken in May.
Ongoing	Presented quarterly to Audit and Risk Committee
Ongoing	ELT met in August to prepare training program for 22/23. Full program yet to be rolled out due to other
Ongoing	Complete
Ongoing	
Ongoing	Next training scheduled for June 2023
To be actioned	Attain software purchased and implemented for compliance forms such as annual declarations.
Current	Two (2) new Rangers have now been employed which is resulting in a an external change in perception
Ongoing	Compliance with WHS Act for volunteers. Stage one training and recording completed by end September
To be actioned	Develop an awareness of new recording and reporting requirements for both staff and contractors (waste
Ongoing	Meeting was held with WACHS in February to determine liability for compliance items. This will be

Consequence Category	Risk Ratings	Rating
Reputation, Compliance	*Consequence:*	*Moderate (3)*
	Likelihood:	*Unlikely (2)*

	Overall Risk Ratings:	*Moderate*

Document Management processes — May-23

Risk Context

Failure to adequately capture, store, archive, retrieve, provide or dispose of documentation.

This includes:
-Contact lists.
-Procedural documents, personnel files, complaints.
-Applications, proposals or documents.
-Contracts.
-Forms or requests.

Potential causes include;

Incompatible systems	Outdated record keeping practices
Inadequate access and / or security levels	Lack of system/application knowledge
Inadequate Storage facilities (including climate control)	High workloads and time pressures
High Staff turnover	Standard Operating Policies not followed

Key Controls

Key Controls	Type	Date	Rating
Document receipt process (scanned, registered & dated)	Preventative	Nov-22	Effective
Documentation archival process	Preventative	Nov-22	Adequate
Records Management Policy / Processes / Manual	Preventative	Nov-22	Inadequate
Records Management Policy / Processes / Manual	Preventative	Nov-22	Inadequate
Document disaster recovery plan	Recovery	Nov-22	Adequate
Electronic records back up	Recovery	Nov-22	Effective
Induction Process includes records management training	Preventative	Nov-22	Effective
Policy review processes	Preventative	Nov-22	Inadequate
Exit process	Preventative	Nov-22	Inadequate
		Overall Control Ratings:	Inadequate

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
RO	Yes	Yes	Yes	Yes	Yes	Clear process implemented
AGC	Yes	Yes	Partial	Yes	Yes	Part of record keeping plan
AGC	Yes	Yes	Partial	Yes	Yes	Have commenced working on procedures
RO	Yes	Yes	Partial	Yes	Yes	Strategic Records management plan being developed
IT/P / RO	Yes	Yes	Yes	Yes	Yes	
IT/P	Yes	Yes	Yes	Yes	Yes	
RO	Yes	Yes	Yes	Yes	Yes	
IT/RO						

Actions

Actions	Due Date	Responsibility
More training for staff on records eg: entering & recording	Superseded	AGC
Develop annual training program for staff that includes refresher training on records	Jun-19	EMCCS
Undertake training for records management	Complete	AGC
Develop Records Management Strategic Plan	Complete	AGC
Address the need for more procedures to ensure staff accountability	Complete	AGC
Review Social Media Strategy	Complete	AGC
Investigate software options for records digitisation and disposal	Complete	AGC
Update the Records Keeping / Management Plan	Complete	AGC
Prepare project brief for records digitisation and disposal for consideration in 23/24 budget	Mar-23	AGC
iAuditor App being examined for storage and collection of WHS issues to promote ease	Dec-23	EMIDS
Additional applications for compliance, WHS etc will dilute the 'one source of truth' record keeping system	Ongoing	AGC
Develop a culture of good record-keeping	Ongoing	ELT
Develop succession planning strategies	Ongoing	EMCCS

Status of Actions

Status of Actions	Comments
On-going	Records training undertaken for general staff. Administrator training undertaken using SynergySoft. New employees are now inducted in records training eg: entering & recording.
Complete	
Ongoing	Included as part of annual training refreshers. FOI & Records Info Session conducted December 2019.
Complete	Completed February 2020
Complete	Records procedures documented and reviewed regularly. OS records reports distributed monthly to EMG and staff.
In progress	Included in all inductions. Annual return requirement to acknowledge compliance. Annual refresher training. Additional staffing identified for records to assist other departments.
Completed	Record keeping software to be purchased in 22/23 that captures social media records
Completed	
To be actioned	Delayed due to key staff long service leave and change in AGC. Will be completed for 23/24 budget preparation
In progress	Investigating how this can be linked with the records system
In progress	Investigating how this can be linked with the records system
In progress	Regular reminders through training. Check compatibility with new software and engage records team as a stakeholder in decision making
Ongoing	To be conducted as part of workforce planning

Risk Ratings

Consequence Category	Risk Ratings	Rating
Compliance / Reputation	Consequence:	Minor (2)
	Likelihood:	Possible (3)
	Overall Risk Ratings:	Moderate

Employment practices — May-23

Risk Context

Failure to effectively manage and lead human resources (full-time, part-time, casuals, temporary and volunteers).

This includes:
- Not having appropriately qualified or experienced people in the right roles.
- Insufficient staff numbers to achieve objectives.
- Breaching employee regulations.
- Discrimination, harassment & bullying in the workplace.
- Poor employee wellbeing (causing stress).
- Key person dependencies without effective succession planning in place.
- Industrial activity.

Potential causes include:

Leadership failures	Ineffective performance management programs or procedures
Key / single-person dependencies	Limited staff availability - labour market conditions
Poor internal communications / relationships	Inadequate induction practices
Ineffective Human Resources policies, procedures and practices	Inconsistent application of policies. Add lines for Position Processes

Key Controls	Type	Date	Rating
Induction process (including Code of Conduct Component)	Preventative	May-23	Adequate
Staff training and education program	Preventative	May-23	Inadequate
Performance Management (appraisals / reviews)	Preventative	May-23	Effective
Staff Exit process	Preventative	May-23	Inadequate
Workforce Planning	Preventative	May-23	Adequate
Employee Assistance Program & HR support. Cultural work	Recovery	May-23	Effective
Robust Recruitment Processes	Preventative	May-23	Effective
Advice and Support Available for General HR Matters	Preventative / Recovery	May-23	Adequate

Overall Control Ratings: Inadequate

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
EMCCS	Yes	Yes	Yes	Yes	Yes	
EMCCS	Yes	Partial	Yes	Yes	Yes	
EMCCS	Yes	Yes	Yes	Yes	Yes	
EMCCS	Partial	Partial	Partial	No	No	
EMCCS	Yes	Yes	Yes	Yes	Yes	
EMCCS	Yes	Yes	Yes	Yes	Yes	
EMCCS	Yes	Yes	Yes	Yes	Yes	
EMCCS	Yes	Yes	Yes	Yes	Yes	Communication and training

Actions	Due Date	Responsibility
Develop and implement staff exit procedure	Dec-17	ESOCCS
Review Performance Management Process	Ongoing	EMCCS
Update Uniform Policy with consideration to OSH	Complete	EMG
Develop Heat Management Policy for staff consultation	Complete	EMIDS/OSH
Develop and implement improvements for internal communication	Complete	EMG
Implement OSH Management Plans	Complete	EMIDS/OSH
Induction process updated	Complete	ESO/HR
Update Employee Code of Conduct	Complete	EMCCS
Ensure annual budget allocation to subscribe to WALGA HR assistance services	Ongoing	EMCCS
Implement annual training program for staff that includes refresher training on policies and procedures	Ongoing	EMCCS
Review Workforce Plan - informed gap analysis project	Jun-23	EMCCS
Complete Employee Manual for inclusion in employee inductions	Ongoing	ESO/HR
Include Employee Assistance Program process in Employee Manual.	Ongoing	EMCCS
Training needs identified as part of annual budget process	Ongoing	Executive & Supervisors

Status of Actions	Comments
Under Review	Induction checklist developed. Employee Manual complete. A review of this manual is a KPI of the ESO/HR
In Progress	LGIS have limited their EAP service. A temporary service has been put in place while a formal process for the delivery of this service can be completed. EMCCS negotiating with LGIS to have the full service returned
Ongoing	As part of annual budget process, RO's requested to identify training needs within each business area for inclusion in budget. Not all RO's responded in the first year. Performance appraisal process also includes discussion regarding training needs.
Complete	Checklist created for outgoing staff.
Complete	Procedure in place and implemented. RO's provided with training. A new process to be considered with Integrated Planning and Reporting tool.
Ongoing	2022/23 Budget includes allocation for subscription. WALGA HR services used extensively
Ongoing	Draft training program developed for 22/23. To be rolled out in 2023. Staff training for managing difficult customers, suicide awareness prioritised due to current climate
Complete	Policy updated to address safety matters in consultation with OSH Working Group
Ongoing	Budget process underway May 2023 for 2023/24 Financial Year
Complete	Training scheduled for June 2023
Complete	Workforce Plan review now due. A gap analysis in 2020/21 informed the organisational realignment which was completed Dec 2022. Due to staffing constraints a consultant will be sought in the 2023/24 FY to complete outer years.
Complete	Employee manual in draft awaiting review
Complete	All new induction requirements are included in Induction forms and processes
Complete	To be adopted by ELT

Consequence Category	Risk Ratings	Rating		
Compliance, Health, Reputational, Financial	Consequence:	Moderate (3)		
	Likelihood:	Possible (3)		
	Overall Risk Ratings:	Moderate		

Engagement practices | May-23

Risk Context

Failure to maintain effective working relationships with the Community (including local Media), Stakeholders, Key Private Sector Companies, Government Agencies and / or Elected Members. This includes activities where communication, feedback or consultation is required and where it is in the best interests to do so.

For example;
-Following up on any access & inclusion issues
-Infrastructure Projects
-Local planning initiatives
-Strategic planning initiatives
This does not include instances whereby Community expectations have not been met for standard service provisions such as Community Events, Library Services and / or Bus/Transport services.

Potential causes include;

Relationship breakdowns with community groups	Short lead times lack of planning
Leadership inattention to current issues	Miscommunication / poor communication
Inadequate documentation or procedures	Inadequate Regional or District Committee attendance.
Lack of clarity around roles and responsibilities	managing expectations and lack of discoverability of information
Budget / funding issues	Inadequate involvement with, or support of community groups

Key Controls	Type	Date	Rating
Community engagement framework (committees, forums & workshops)	Preventative	Jun-23	Effective
Social media management	Preventative	May-23	Effective
Support local Volunteer groups	Preventative	May-23	Inadequate
Community communications (public notices / local papers / website / message boards)	Preventative	May-23	Effective
Complaints management process	Recovery	May-23	Effective
Community involvement in decision making	Preventative	May-23	Inadequate
Well developed job descriptions and clear communication around roles	Preventative	Jun-23	Adequate
Customer Service Charter	Preventative	May-23	Effective
Overall Control Ratings:			Effective

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
CEO	Yes	Yes	Yes	Yes	Yes	Framework and policy adopted by Council.
CEO	Yes	Yes	Yes	Yes	Yes	
CEDO	Yes	Partial	Yes	Partial	Yes	No policy position other than the Community Grants Funding. Lot of work conducted around.
CEO	Yes	Yes	Yes	Yes	Yes	
AGC	Yes	Yes	Yes	Yes	Yes	Policy adopted by Council and also included in Customer Service Charter. Training for staff
EMG	Yes	Yes	Yes	Yes	Yes	FB promotion / Community matters
ELT						
AGC	Yes	Yes	Yes	Yes	Yes	FB Promotion

Actions	Due Date	Responsibility
Develop and implement procedures to establish and maintain a FB page	Complete	CEO
Ensure timelines allow for appropriate communication of information, deadlines etc	Complete	All staff
More training on the complaints policy and procedures	Superseded	All staff
Work with Wheatbelt Volunteer hub to increase service provision to support volunteer groups	Complete	EMCCS / CEDO
Develop an annual training program for staff that includes refresher training on the Customer Service Charter and Complaints Procedures.	Jun-19	EMCCS / CEDO
Develop Statement of Business Ethics	Jun-19	EMCCS
Provide progress report on actions to date for 2020/21 budget	Complete	PO
Undertake Residents' Satisfaction Survey	Complete	EMG
Implement the actions contained in the Disability Access and Inclusion Plan	Jun-23	All staff
Develop new Engagement Framework	Jun-23	EMCCS
Undertake Community Scorecard 2022/23	Jun-23	EMCCS

Status of Actions	Comments
Complete	Market Creations engaged to manage FB and Instagram accounts. Allocation in 2018/19 budget.
Complete	Media deadlines distributed. Email reminders. Community Consultation and Engagement Plans developed for significant projects.
To be actioned	Complaints register maintained. Complaints Policy reviewed and adopted October 2016.
Complete	Proposal submitted to 2018/19 Budget process for a hub of WVN to be set up in York. Not considered a priority at this stage. YRCC Project Officer will assist clubs.
Complete	Incorporated into training with Marg Hemsley in March 2019
Complete	Developed as part of the Procurement Review and uploaded to website
In progress	Customer Service Area - all purchases completed March 2020
In progress	Original project timing incorrect - Survey conducted in June 21 with final report to Council in
In progress	Actions continuing. Front counter and CBD Accessibility Upgrades scheduled for 22/23/24
In progress	New engagement requirements under the Local Government Act are being investigated.
In progress	Survey is now complete and results being considered by Council it its May OCM

Consequence Category	Risk Ratings		Rating
Reputation	Consequence:		Minor (2)
	Likelihood:		Unlikely (2)
	Overall Risk Ratings:		Low

Environment management   May-23

Risk Context

Inadequate prevention, identification, enforcement and management of environmental issues.

The scope includes;
-Lack of adequate planning and management of erosion issues.
-Failure to identify and effectively manage contaminated sites (including groundwater usage).
-Waste facilities (landfill / transfer stations).
-Weed & mosquito / Vector control.
-Ineffective management of water sources (reclaimed, potable)
-Illegal dumping.
-Illegal clearing / land use.

Potential causes include;

Inadequate management of landfill sites	Inadequate reporting / oversight frameworks
Lack of understanding / knowledge	Community apathy
Inadequate local laws / planning schemes	Differing land tenure (land occupancy or ownership conditions)
Lack of understanding of cultural requirements for landowners	
Prolific extractive industry (sand, limestone, etc.)	Competing land use (growing population vs conservation)

Key Controls	Type	Date	Rating
Environment management program	Preventative	May-23	Adequate
Community education & engagement e.g. schools / new home-owner packs	Preventative	May-23	Inadequate
Support volunteer environment management groups	Preventative	May-23	Adequate
Environmental monitoring, testing and inspection programs	Preventative	May-23	Effective
Encourage recycling efforts (glass, oil, batteries, etc.)	Recovery	May-23	Adequate
Clearing permits for road works obtained	Preventative	May-23	Adequate
Mosquito management program	Preventative	May-23	Adequate
RAP Working to inform education of landowners	Preventative	May-23	Inadequate
Standpipe water use education and regulation	Preventative	May-23	Effective
			Adequate

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
EHO	No	Yes	Yes	Partial		Informal but not documented.
EHO	No	No	No	No		Social media promotion/Community matters/New home owner packs available but not well know. Have a pack for home builders. Coordinated approach needed.
EMIDS	No	Partial	Partial	Partial	Yes	May be a lack of awareness due to lack of education
EHO	Yes	Yes	Yes	Yes	Yes	
TSO	Yes	Yes	Yes	Yes	Yes	Controlled by Waste Transfer Station management. All households are encouraged to use their recycling bin. Mobile Muster for drop offs also at Shire office. As part of Waste management contract??? Garage sale trail.
DAO	No	Partial	Yes	Yes	Yes	Have attended Environmental Planning Tool training through WALGA. Have yet to complete a desktop assessment.
EHO	No	Yes	No	No	Yes	Mosquito spraying undertaken as required
						Not a holistic approach
FO Rates & Debtors	Yes	Yes	Yes	Yes	Yes	

Actions	Due Date	Responsibility
Develop and document process for road clearing permits	Complete	DAO
Currently looking into a mosquito program & purchasing a foggier.	Superseded	EHO
Undertake mosquito fogging on an as needs basis. Looking into purchasing fogger	Complete	EHO
Undertake recruitment process for Containers for Change site	Complete	EMIDS
Implement regular street sweeping program to address bird droppings in CBD	Complete	EHO/EMIDS
Engage contractor to undertake pigeon culling	Complete	EHO
Identification of new and review of current hockey stick locations for endangered flora on	Ongoing	EMIDS
Develop a coordinated approach to disseminating information to new and existing residents re: waste and other environmental initiatives	Ongoing	EMIDS
Conduct a recycling education program once new waste collection contract is signed.	Jun-23	EHO
Develop a strategy to manage corella control in the Shire of York.	Ongoing	DSC/EHO

Status of Actions	Comments
Ongoing	Contract is in place. EHO to consider options and formulate program
Ongoing	Report passed by Council at Feb 23 OCM to commit current and future budget towards regional initiatives
Not started	No evidence of this work commencing
Ongoing	Street sweeping is in place, supported with adjustments to starting hours and noise control. Pigeon excreta remains an issue where it is able to accumulate in large quantities on buildings. Specialist contractors are being engaged to conduct removal with regulations not dissimilar to the process for asbestos removal. Contractor coming early Sept
Ongoing	Reactive measures in place supported by budget for 22/23. This will continue into future years.
Ongoing	Identification of locations of endangered flora complete however this needs to be reconciled with existing hockey stick locations

				Ongoing	
Develop and implement procedures for the use of hazardous chemicals to include strategies for community consultation	Jun-23	EMIDS			

Consequence Category	Risk Ratings	Rating
	Consequence:	Minor (2)
Environment, Reputation, Financial	Likelihood:	Possible (3)
	Overall Risk Ratings:	Moderate

Errors, omissions & delays   May-23

Risk Context

Errors, omissions or delays in operational activities as a result of unintentional errors or failure to follow due process including incomplete, inadequate or inaccuracies in advisory activities to customers or internal staff.

Examples include;
-Incorrect planning, development, building, community safety and Emergency Management advice
-Incorrect health or environmental advice
-Inconsistent messages or responses from Customer Service Staff
-Any advice that is not consistent with legislative requirements or local laws.
-Human error
-Inaccurate recording, maintenance, testing or reconciliation of data.
-Inaccurate data being used for management decision-making and reporting.
-Delays in service to customers
This excludes process failures caused by inadequate / incomplete procedural documentation - refer "Inadequate Document Management Processes".

Potential causes include;

Human error	Incorrect information
Inadequate formal procedures or training	Miscommunication
Lack of trained staff	Work pressure / stress
Unrealistic expectations from community, council or management	Health issues
Lack of discoverable information	
Poor use of check sheets / FAQ's	Lack of understanding

Key Controls	Type	Date	Rating
Procurement Policy	Preventative	May-23	Adequate
Training for staff with purchasing authority	Preventative	May-23	Effective
Documented standardised procedures / monitoring	Preventative	May-23	Adequate
Staff training program (mentoring, formal & on-the-job)	Preventative	May-23	Adequate
Documented information sheets / website information / FAQ's to assist customer service staff in providing advice to customers	Preventative	May-23	Adequate
External consultants such as legal, human resources, heritage	Preventative	May-23	Effective
Complaints resolution process	Recovery	May-23	Effective
Customer Management System	Preventative	May-23	Inadequate
Customer Service Charter	Preventative	May-23	Effective
Review and monitoring of outstanding correspondence	Preventative	May-23	Adequate
Centralised information systems which allows the discovery and use of the most up to date information			
Overall Control Ratings:			**Adequate**

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
EMCCS	Yes	Yes	Yes	Partial	Yes	Will test during Reg 17 Reg 5 Review
EMCCS	Yes	Yes	Yes	Yes	Yes	RFQ Training to be conducted
All staff	Partial	Partial	Yes	Yes	Yes	Procedures in the process of being documented
EMG	Yes	Yes	Yes	Yes	Yes	Training needs identified and included in Staff Training Plan
AGC	Yes	Partial	Yes	Yes	Yes	FAQ's currently in process. Website review.
EMG	Yes	Yes	Yes	Yes	Yes	
EMCCS	Yes	Yes	Yes	Yes	Yes	Complaints Policy adopted. Procedures form part of the complaints policy. Register - Synergy based
EMIDS						Lots of different approaches
EMCCS	Yes	Yes	Yes	Yes	Yes	Charter reviewed
EMG	Yes	Partial	Yes	Partial	Yes	OS records distributed monthly

Actions	Due Date	Responsibility
~~Review Procurement Policy to ensure consistent quotation, probity & record keeping requirements and treatment of contract variations~~	~~Complete~~	~~EMCCS~~
~~Provide further training to staff with purchasing authority to enforce the need to adhere to purchasing policies.~~	~~Complete~~	~~EMCCS~~
~~Identify specific staff training needs for inclusion in the annual budget process~~	~~Complete~~	~~EMG~~
~~Include an allocation in the annual budget to provide for external advice.~~	~~Complete~~	~~EMG~~
~~Formalise the process for EMG review of outstanding correspondence~~	~~Complete~~	~~RO~~

Status of Actions	Comments
Complete	Policy was reviewed, amended and adopted by Council in September 2017. RFQ and RFT documents have been amended to include reference to variations.
Complete	EMCCS and FM met with individual business units to provide further training and answer questions regarding procurement. Officers authorising payments now check for non-compliance with Policy and send an email memo to the responsible officer noting non-compliance. Moore Stephens noted significant improvement during 2017/18 Interim Audit.
Complete	Managers and supervisors are asked to complete a Training Request Template as part of the annual budget process which incorporate training needs identified during performance management process.
Complete	Allocations for legal advice, WALGA subscription services, heritage advice and consultants for specific projects where required are included in the annual budget.
Complete	Report provided to EMG monthly for review and action.

~~Provide information to all staff regarding the Customer Service Charter and reminder regarding timeframes for response.~~	~~Complete~~	~~AGC~~	Complete	Email memo to all staff with customer service charter attached. Customer Service Charter also sent out with 2018/19 rates notices.
~~Develop organisational templates in relation to procurement management~~	~~Complete~~	~~EMCCS~~	Complete	
~~Undertake a Procurement Review and present findings and recommendations to the Audit Committee~~	~~Complete~~	~~EMCCS~~	Complete	
~~Undertake training to include amendments to the Procurement Policy and the new Procurement Manual~~	~~Complete~~	~~EMCCS~~	Complete	
~~Review Interim Audit Management Letter and implement recommendations made~~	~~Complete~~	~~EMG~~	Complete	
~~Review Final Audit Management Letter and implement recommendations made~~	~~Complete~~	~~FM~~	Complete	
~~Review Interim Audit Management Letter and implement timeline to address recommendations~~	~~Complete~~	~~FM~~	Complete	
~~Develop improvement plan based on findings of FMR and Audit Reg 17 Reviews~~	~~Complete~~	~~FM~~	Complete	
Implement a staff training program that includes refresher training on procurement	Ongoing	EMCCS	In progress	Next training session June 2023
Review Procurement Policy and Procedures	Jun-23	FM	In progress	OAG recommended further separation of duties. Will be tested during Audit Reg 17 and FMR Reg 5 review June 2023
Works delayed by stock items	Ongoing	EMIDS	In progress	Identify items in advance that may have impact upon critical path
Undertake business planning to develop an asset register/recording system	Mar-23	EMIDS	In progress	To be completed as part of the 23/24 budget preparation
Develop the Intranet for use of staff to display current documents and information	Jun-23	AGO	In progress	
Mapping the customer expectations for works including action request process and looking for improvements	Jun-23	EMIDS	In progress	

Consequence Category	Risk Ratings	Rating
	Consequence:	Minor (2)
Reputation / Compliance	Likelihood:	Possible (3)
	Overall Risk Ratings:	Moderate

External theft & fraud (Including Cyber)   May-23

Risk Context

Loss of funds, assets, data or unauthorised access, (whether attempted or successful) by external parties, through any means (including electronic).

For the purposes of;
-Fraud: benefit or gain by deceit
-Malicious Damage: hacking, deleting, breaking or reducing the integrity or performance of systems
-Theft: stealing of data, assets or information

Potential causes include;

Inadequate security of equipment / supplies / cash	Inadequate provision for patrons/staff belongings
Robbery	Lack of Supervision
Scam Invoices	Collusion with internal staff
Cyber crime	Lack of clarity around roles and responsibilities

Key Controls	Type	Date	Rating
Admin Building Security access controls (alarms, CCTV, keypad access)	Preventative	May-23	Adequate
Other Building Security access controls (alarms, CCTV, keypad access)	Preventative	May-23	Inadequate
Depot Building Security access controls	Preventative	May-23	Adequate
Equipment storage security access controls	Preventative	May-23	Inadequate
IT Security Framework (passwords / security protocols / records access)	Preventative	May-23	Effective
Cash handling processes	Preventative	May-23	Effective
CCTV Policy: storage, disposal and access	Preventative	May-23	Inadequate
Functionality review of roles and responses to security components	Preventative	May-23	Inadequate
		Overall Control Ratings:	Inadequate

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
IT/P	Yes	Yes	Yes	Yes	Partial	Project to replace in 22/23
TSO	Partial	Yes	Yes	Yes	Yes	CCTV for Rec Centre and Stadium. Policy for CCTV access / disposal. Re-keying of buildings needed.
DAO	Yes	Partial	Partial	Yes	Partial	Security gate installed with intercom system. Security cameras need to be installed at the gate. Risk lies in theft of plant and tools.
DAO	Partial	Partial	Partial	Partial	Partial	Procedure need to be developed.
IT/P	Yes	Yes	Yes	Yes	Yes	
FM	Yes	Yes	Yes	Yes	Yes	Procedures reviewed.

Actions	Due Date	Responsibility
Request $15,000 for Depot upgrade to improve security and access as part of mid-year budget review	Complete	DAO
Replace all admin building access toggles with user identified toggles	Complete	IT/P
Update register of toggle holders for Admin Building	Complete	IT/P
Update register of users for access to other buildings	Complete	TSO
Develop an IT/Security Framework	Complete	IT/P
Install additional CCTV and document procedures	Complete	IT/P
Document cash handling and stocktake procedures for all areas and implement	Complete	FM
Install security gate at Depot and document procedures	Jun-19	DAO
Update registers of users, key/toggle holders including access to depot	Ongoing	IT/P OAO
Develop and implement procedures for use of EFTPOS at Museum	Complete	IT/P / MC
Develop robust procedures for administration of York Dollars	Complete	AGC
Develop cash handling procedures for Container Deposit Site	Complete	FM
Install lighting and security at Old Recreation Centre	Jun-23	EMIDS
Review procedures and provide refresher training on cash handling	Jun-23	FM
Document clear internal processes and systems to report any potential fraud, that include anonymous reporting (Fraud & Corruption)	Jun-23	EMCCS
Investigate cashless operations at the CFC Facility	Jun-23	EMIDS
Review cybersecurity measures	Jun-23	EMCCS/FM
Review departmental responsibilities around security and assigning tasks appropriately	Jun-23	ELT

Status of Actions	Comments
On-going	Funds requested as part of 2018/19 Budget process for electric gate to be installed at Depot.
Complete	All staff issued with new toggles and PIN changed for Admin building.
Complete	Updated.
Complete	
Complete	IT Security Plan drafted and presented to Risk and OSH Working Group for feedback. Reconfiguration of firewalls, internet access, virus control undertaken.
Complete	CCTV cameras installed over cash handling areas.
Complete	Cash handling and stocktake procedures documented and implemented.
Complete	
Ongoing	To be conducted annually - OAO - Ongoing daily basis is updated as required
Complete	
Complete	York Dollars discontinued in 22/23
Complete	
Complete	Included in 2019/20 budget doors to be investigated but the external lighting to the back stair was
Ongoing	Other priorities in training and finance have pushed delivery of this item back
In Progress	Recommendation from OAG - Undertaking this work with LGIS Fraud and Corruption Management Plan
In Progress	In accordance with the original contract
In Progress	LGIS member survey has identified vulnerabilities that were reviewed with the Shire's external IT provider in Nov/Dec. Provider to be engaged to do further audit
In Progress	Initial meeting held with all parties

Consequence Category	Risk Ratings	Rating
Financial / Property	Consequence:	Moderate (3)
	Likelihood:	Likely (4)
	Overall Risk Ratings:	High

Management of Facilities / Venues / Events — May-23

Risk Context

Failure to effectively manage the day to day operations of facilities, venues and / or events.

This includes;
-Inadequate procedures in place to manage quality or availability.
-Poor crowd control
-Ineffective signage
-Booking issues
-Stressful interactions with hirers / users (financial issues or not adhering to rules of use of facility)
-Inadequate oversight or provision of peripheral services (e.g.. cleaning / maintenance)

Potential causes include;

Double bookings	Traffic congestion or vehicles blocking entry or exit
Illegal / excessive alcohol consumption	Insufficient time between bookings for cleaning or maintenance
Bond payments poorly managed	Difficulty accessing facilities / venues.
Falsifying hiring agreements (alcohol on site / lower deposit)	Failed safety / chemical / health requirements
Inadequate oversight or provision of peripheral services (e.g.. cleaning / maintenance)	Poor service from contractors (such as catering or cleaning)
Terrorism	

Key Controls	Type	Date	Rating
Event management procedures and monitoring	Preventative	May-23	Inadequate
Inspection, maintenance and cleaning schedules	Preventative	May-23	Adequate
Facility / Venue booking system (including bonds)	Preventative	May-23	Adequate
Venue booking management procedures and monitoring	Preventative	May-23	Adequate
Events package given to hirer (information sheets, events questionnaire / procedures / checklist)	Preventative	May-23	Effective
Insurance certificate of currency checked	Preventative	May-23	Effective
Feedback from community and users of facilities	Recovery	May-23	Effective
Agreements in place for on-going users	Preventative	May-23	Adequate
Overall Control Ratings:			**Adequate**

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
EEDO	Yes	Yes	Yes	Yes	Yes	More events occurring. Improvements to increase LOS
EHO / venue managers	Partial	Yes	Yes	Yes	Partial	
AGC	Yes	Yes	Partial	Yes	Yes	Issues with tentative books / accuracy of data. System inadequate. Reactive.
AGC	Yes	Yes	Partial	Yes	Partial	
EEDO	Yes	Yes	Yes	Yes	Yes	
AGC	Yes	Yes	Yes	Yes	Yes	
AGC	Yes	Yes	Yes	Yes	Yes	Debriefings and forms provided.
CPC/AGC	Partial	No	Partial	No	Yes	Regular users of the Town Hall / Stadium

Actions	Due Date	Responsibility
Staff training required in the area of venue bookings.	Complete	AGC
Synergy Booking Module currently being updated.	Complete	AGC
Events Committee to undertake desktop review of event management procedures	Ongoing	CPC
Develop procedures for facility bookings and feedback - events especially.	Ongoing	AGC/EMIDS ESO
Social distancing measures and signage to be displayed in all Shire facilities	Ongoing	DSC
Maintain and record COVID-19 cleaning regime	Ongoing	EHO
Undertake an events review and develop/implement strategies to improve processes.	Complete	EEDO
COVID-19 Safety Plans to be prepared for Shire venues	Complete	DSC/AGC
Events Committee to undertake desktop review of event management procedures	Ongoing	CPC
Develop procedures for facility bookings and feedback - events especially.	Ongoing	AGC/EMIDS ESO
Booking forms to include details of Evacuation Plans for all facilities	Dec-23	EMIDS ESO/AGC
Investigate online booking system to be integrated into Shire website for community	Jun-23	AGC
Review signage for all venues giving consideration to the Access and Inclusion Audit	Ongoing	DSC/PMO
YRCC sharing of information with teams re: bookings	Ongoing	CPC
Review of the Events procedures and processes to consider current risks such as	Jun-23	CPC

Status of Actions	Comments
Complete	Training undertaken
Complete	Updated
Review	Events Committee established and review of current procedures undertaken. Internal checklist developed to assist each department with operational controls required. To include RAP findings. Roles and responsibility definition. Review to include role of contractor induction in bookings.
Review	Procedures in place and being tested. Feed back is provided in the booking hire form for users to complete. Also through debriefs with the Events Coordinator following an event. Information sheet to be developed around insurances and contractor induction
Complete	State of Emergency revoked
Complete	
Complete	Events policy review and guidelines adopted by Council. Monitoring of events still in progress
Need updating	Events booking now cover safety induction. Evacuation plan updates being sought.
In Progress	RFQ has been prepared for release to market
Complete	
In Progress	Not complete. Residency museum has not been done. Review and update of all facilities to be included as part of condition
Ongoing	Request to be extended again to Belgravia for staff attendance
In Progress	

Consequence Category	Risk Ratings	Rating
Reputation	Consequence:	Minor (2)
	Likelihood:	Unlikely (2)
	Overall Risk Ratings:	**Low**

IT or communication systems and infrastructure	**May-23**

Disruption, financial loss or damage to reputation from a failure of information technology systems.
Instability, degradation of performance, or other failure of IT or communication system or infrastructure causing the inability to continue business activities and provide services to the community. This may or may not result in IT Disaster Recovery Plans being invoked.

Examples include failures or disruptions caused by:
-Hardware or software
-Networks
-Failures of IT Vendors
This also includes where poor governance results in the breakdown of IT maintenance such as;
-Configuration management
-Performance monitoring
This does not include new system implementations - refer "Inadequate Project / Change Management".

Potential causes include;

Weather impacts	Non-renewal of licences
Power outage on site or at service provider	Inadequate IT incident, problem management & Disaster Recovery Processes
Out-dated, inefficient or unsupported hardware or software	Lack of process and training
Software vulnerability	Equipment purchases without input from IT department
Incompatibility between operating systems	Vulnerability to user error
Poor service from external IT providers	

Key Controls	**Type**	**Date**	**Rating**
Formal IT Infrastructure maintenance & replacement program	Preventative	May-23	*Adequate*
IT Vendor service level Agreement	Detective	May-23	*Effective*
Infrastructure Security (security access protocols, firewalls)	Preventative	May-23	*Effective*
UPS	Recovery	May-23	*Effective*
IT Disaster Recovery Plan	Recovery	May-23	*Effective*
Contract management	Preventative	May-23	*Inadequate*
System User Access	Preventative	May-23	*Inadequate*

				Control Assurance		
Control Owner	**Control Documented**	**Completeness**	**Accuracy**	**Timeliness**	**Fraud**	**Comments**
IT/P	Yes	Yes	Yes	Partial	Yes	Within budget constraints
IT/P	Yes	Yes	Yes	Yes	Yes	
IT/P	Yes	Yes	Yes	Yes	Yes	
IT/P	Partial	Yes	Yes	Partial	Yes	UPS nreplaced
IT/P	Yes	Yes	Yes	Yes	Yes	

	Overall Control Ratings:	*Adequate*

Actions	**Due Date**	**Responsibility**
~~Develop an IT Security and Disaster Recovery Plan that incorporates maintenance and replacement of infrastructure~~	~~Mar-18~~	~~IT/P~~
~~Implement a protocol to ensure passwords are changed regularly.~~	~~Mar-18~~	~~IT/P~~
~~Review levels of access to server and develop a process to ensure security & confidentiality of information~~	~~Jun-18~~	~~IT/P~~
~~Develop a written specification, seek quotes and engage an IT Service Provider.~~	~~May-23~~	~~IT/P~~
Investigate and implement transition to new communications provider	May-23	IT/P
~~Arrange installation of EFTPOS facilities at the Museum~~	~~Sep-19~~	~~IT/P~~
~~Review levels of access to Synergy and implement changes~~	~~Complete~~	~~IT/P / EMG~~
~~Migrate email addresses from role-based to individual officers~~	~~Complete~~	~~IT/P~~
~~Review physical security of server room~~	~~Complete~~	~~IT/P~~
~~Arrange replacement of UPS and Server~~	~~Complete~~	~~IT/P~~
Implement regular testing regime for effectiveness of IT Disaster Recovery Plan	Ongoing	IT/P
Hot water system leak in server room to be rectified	Ongoing	EMIDS
Review levels of service with the external IT providers	Ongoing	EMCCS

Status of Actions	**Comments**
Complete	IT Security Plan drafted and presented to Risk and OSH Working Group for feedback. Reconfiguration of firewalls, internet access, virus control undertaken.
Complete	A new process has been documented to ensure passwords are changed regularly.
Complete	The server structure has been reconfigured and levels of access introduced.
Complete	Focus Networks engaged as new IT support provider.
Complete	
In Progress	Works commenced to provide fibre connections to Administration, Museum and Depot
Complete	
Complete	
Complete	Can be accessed by anyone with a master key. Conduct risk assessment to see whether measures are suitable
Complete	Servers upgraded prior to Altus Procurement and ECM changeover
Ongoing	Last Disaster Recovery testing session conducted 26 August 2022. Altus products unable to be tested in the sandpit environment. Further testing to be scheduled as these need to be
Ongoing	Has been done. Redundant services still to be removed. Consider this as part of the risk assessment for the server room to remedy all defects.
Ongoing	Contractor management meetings held with IT Vision to work to improve service. Alternative providers for support being sought

IT or communication systems and infrastructure			May-23
Improve levels of service at Shire outstations (ie museum, swimming pool, depot, YRCC)	Jun-23	IT/P	

In Progress	NBN Connections to museum, Admin and Depot underway

Consequence Category	Risk Ratings	Rating
Service disruption	Consequence:	Moderate (3)
	Likelihood:	Possible (3)
	Overall Risk Ratings:	Moderate

Misconduct	May-23

Intentional activities intended to circumvent the Code of Conduct or activities in excess of authority, which circumvent endorsed policies, procedures or delegated authority.

This would include instances of:
- Relevant authorisations not obtained.
- Distributing confidential information.
- Accessing systems and / or applications without correct authority to do so.
- Misrepresenting data in reports.
- Theft by an employee
- Inappropriate use of plant, equipment or machinery
- Inappropriate use of social media.
- Inappropriate behaviour at work.
- Purposeful sabotage
This does not include instances where it was not an intentional breach - refer Errors, Omissions or Delays.

Potential causes include;

Inadequate training of code of conduct \ induction	Greed, gambling or sense of entitlement
Changing of job roles and functions/authorities	Collusion between internal & external parties
Delegated authority process inadequately implemented	Password sharing
Lack of internal checks	Low level of Supervisor or Management oversight
Covering up poor work performance	Believe they'll get away with it
Poor enforcement of policies and procedures	Undue influence from Manager / Councillor
Information leaked to Tenderers during the Tender process	Poor work culture
Insubordination	By-passing established administrative procedures
Disgruntled employees	Sharing of confidential information

Key Controls	Type	Date	Rating
Delegated authority framework	Preventative	May-23	Effective
IT Security Framework	Preventative	May-23	Adequate
Cash handling procedures	Preventative	May-23	Adequate
Staff on-boarding / induction program (Code of Conduct, Staff Councillors)	Preventative	May-23	Effective
External Audits	Preventative	May-23	Effective
Police clearances	Preventative	May-23	Effective
Annual drivers licence checks	Preventative	May-23	Inadequate
Strong management culture (Zero tolerance for misconduct)	Preventative	May-23	Effective
Social Media policy	Preventative	May-23	Effective
Segregation of duties (Financial)	Preventative	May-23	Adequate
Working with Children's Check, Declarations of Conflict and Interest (Tendering, Council items etc) Annual returns			
Drug and Alcohol Policy and Testing Program			

	Overall Control Ratings:	Effective

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
EMCCS	Yes	Yes	Yes	Yes	Yes	Review based upon OAG recommendations
IT/P	Yes	Partial	Yes	Yes	Yes	
FM	Yes	Yes	Yes	Yes	Partial	CCTV Installed over cash handling areas
EMCCS	Yes	Partial	Yes	Yes	Yes	Induction manual to be finalised and training undertaken
EMCCS	Yes	Yes	Yes	Yes	Yes	
ESOCCS	Yes	Yes	Yes	Yes	Yes	Request for police clearances prior to confirmation of employment. Employee files reviewed and additional police clearance requested where required.
ESOCCS	Yes	Yes	Yes	Yes	Yes	Undertaken July 2017, annual declaration asks for this
CEO	Yes	Yes	Yes	Yes	Yes	Induction for all staff regarding Code of Conduct Policy and implementation. Alcohol and Drug Policy adopted. Culture reinforced through email correspondence and in person at staff meetings.
CEO	Yes	Yes	Yes	Yes	Yes	FB and Instagram sites launched December 2017
FM	Partial	Partial	Partial	Partial	Partial	Review following OAG feedback

Actions	Due Date	Responsibility
Develop an IT Security Framework	Jan-18	IT/P
Review and document cash handling procedures for implementation at all Shire outstations and administration	Jun-18	FM
Develop and implement a procedure for disciplining employees	Jun-18	EMCCS
Develop and implement a procedure for grievance resolution	Jun-18	EMCCS

Status of Actions	Comments
Ongoing	Under review. Definitive training to be incorporated with Payroll officer. Part A and B to be represented.
Ongoing	To be completed for Council Adoption in December every year. Last conducted OCM Dec 2021 Resolution 051221
Complete	Reviewed and adopted by Council November 2017 OCM. The server structure has been reconfigured and levels of access introduced. Passwords are changed regularly. Firewalls installed.
Complete	Cash handling procedures developed and implemented. CCTV cameras installed at all cash handling

Action	Status	Responsible	Status	Comment
~~Develop a Fraud and Corruption Framework for review every 2 years~~	~~Ongoing~~	~~EMCCS~~	Complete	Approved April 2018 following consultation and distributed to all staff.
~~Review user access to SynergySoft~~	~~Complete~~	~~IT/P / EMG~~	Complete	Approved April 2018 following consultation and distributed to all staff.
Review stocktaking procedures for minor plant and equipment, portable and attractive	Jun-23	FM	Ongoing	Marg Hemsley from LG People to undertook training on 6 March 2019. To be included in annual
Complete Employee Induction Manual	Ongoing	EMCCS	In Progress	Incomplete. Work has recommenced on this.
Review Delegation Authority Register to ensure details of sub-delegations are accurate	Ongoing	AGC	In Progress	Cash handling refresher updated planned for Containers for Change, Museum, Visitor Centre, Pool and
Undertake training for all staff on HR policies and procedures	Ongoing	EMCCS	Ongoing	Yearly process. Next scheduled for June 23
Develop and implement an annual staff training program that includes refresher training in HR policies and procedures.	Ongoing	EMCCS	Ongoing	Yearly process. Next scheduled for June 23
Review cash handling procedures for outstations	Dec-23	FM	Complete	Fraud and Corruption Framework adopted by Council at its December 22 OCM Resolution 141222
Develop and implement a periodic fraud awareness training program for all staff	Ongoing	EMCCS	Not started	To be scheduled for 2023 as part of HR Leadership Training
Declarations of conflict of interest when staff attend meetings with contractors where they	Ongoing	EMIDS	In Progress	This needs to be workshopped to see how it can implemented at the Shire.
Review of purchasing segregation and delegations after receipt of OAG Management letter	Jun-23	ELT	In Progress	EMCCS to meet with Mundaring to review their practices as recommended by OAG. Solutions will also
Need to confirm validity of driver licences with implicated employees	Annual	EMCCS	Ongoing	This process is captured in the Annual Declarations made by staff.

Consequence Category	Risk Ratings	Rating
	Consequence:	Minor (2)
Reputation / Finance	Likelihood:	Possible (3)
	Overall Risk Ratings:	Moderate

Project / Change management — May-23

Risk Context

Inadequate analysis, design, delivery and / or status reporting of change initiatives, resulting in additional expenses, time delays or scope changes.

This includes:
-Inadequate change management framework to manage and monitor change activities.
-Inadequate understanding of the impact of project change on the business.
-Failures in the transition of projects into standard operations.
-Failure to implement new systems
-Inadequate handover process
This does not include new plant & equipment purchases. Refer "Inadequate Asset Sustainability Practices"

Potential causes include;

Lack of communication and consultation	Excessive growth (too many projects)
Lack of investment	Inadequate monitoring and review
Failures of project Vendors/Contractors	Geographic or transport difficulties sourcing equipment / materials
External consultants underquoting on costs	Lack of project methodology knowledge and reporting requirements
Ineffective management of expectations (scope creep)	Project risks not managed effectively
Inadequate project planning (resources/budget)	

Key Controls	Type	Date	Rating
Project Management Methodology	Preventative	May-23	*Adequate*
Status reporting and monitoring program	Preventative	May-23	*Inadequate*
Stakeholder engagement policy and framework	Preventative	May-23	*Adequate*
Council submission process (including Risk)	Preventative	May-23	*Adequate*
Post-project debriefs	Preventative	May-23	*Inadequate*
Risk assessments are conducted before and during projects	Preventative	May-23	*Inadequate*
Project Management Teams	Preventative	Jan-00	*Adequate*

	Overall Control Ratings:	*Adequate*

Actions	Due Date	Responsibility
~~Project Planning Template (including risk assessment) is developed and distributed to~~	Feb-18	EMIDS
~~Provide staff training regarding risk implications for inclusion in agenda reports.~~	Mar-18	EMCCS
~~Conduct Project Management Training for relevant staff~~	Jun-18	Relevant staff
~~Project plans including milestones, reporting, stakeholder engagement, risk assessment and formal debriefs are documented for projects~~	Jun-19	Relevant staff
~~Undertake staff training to include amendments to Procurement Policy and new Procurement Manual~~	Dec-19	EMCCS
~~Incorporate review of grants register into quarterly FACR processes~~	Superseded	FM
~~Review Project Management processes and develop checklist~~	Complete	EMIDS
Develop and implement procedures around Grants Management	Jun-23	FM/EMIDS
Consider grants management as part of the new Government Frameworks package	Jun-23	ELT
Implement the new contractor/project management procedures and forms and train all	Jun-23	EMIDS
Financial risk in completing projects in time to acquit against grants	Dec-23	EMIDS

Consequence Category	Risk Ratings	Rating
Financial / Reputational / Health	*Consequence:*	*Minor (2)*
	Likelihood:	*Possible (3)*
	Overall Risk Ratings:	*Moderate*

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
EMIDS	Yes	Yes	Yes	Yes	Yes	
EMIDS	Partial	Yes	Partial	Partial	Yes	Procurement Review to be undertaken
CEO	Yes	Yes	Yes	Yes	Yes	Policy G2.9 Community Engagement & Consultation adopted by Council 24/10/16
EMCCS	Yes	Partial	Yes	Yes	Yes	Agenda template includes consideration of Risk Implications. Training
EMIDS	No	Partial	Partial	Partial	Partial	Informal only
EMIDS	Yes	Partial	Yes	Partial	No	Procurement Review
EMIDS						Training planned, education on process and methodology

Status of Actions	Comments
Complete	Risk tables distributed to all staff. Agenda writing workshops conducted where elements of the agenda
Complete	Project management training provided to relevant staff
In progress	Project plan developed. To be distributed to all staff.
Complete	Project management training provided to relevant staff.
Complete	
Incomplete	Review existing and incorporate into project procedures
New	Examine the new Government Frameworks ERP to include grant management and reporting similar to
Incomplete	This process has not been conducted. New process to be developed for regular review as the FACR
Complete	EMIDS has produced contractor management suite of information and has provided to the OAG as per
In Progress	Training has been conducted with all relevant staff. Refresher training to be scheduled in 23/24
In progress	Project spreadsheet captures grant spending and reports in a dashboard to highlight risk. Will be rolled out

Safety and Security practices — May-23

Risk Context

Non-compliance with the Work Health and Safety Act, associated regulations and standards.
It is also the inability to ensure the physical security requirements of staff, contractors and visitors. Other considerations are negligence or carelessness.

Potential causes include;

Lack of appropriate PPE / equipment	Inadequate signage, barriers or other exclusion techniques
Inadequate first aid supplies or trained first aiders	Poor storage and use of dangerous goods
Inadequate security protection measures in place for buildings, depots and other places of work	Ineffective / inadequate testing, sampling or other health-related requirements
Inadequate or unsafe modifications to plant & equipment	Lack of mandate and commitment from senior management
Inadequate policy, frameworks, systems and structure to prevent the injury of visitors, staff, contractors and/or tenants.	Inadequate organisational Emergency Management requirements (evacuation diagrams, drills, wardens etc.).
Inadequate supervision, training or mentoring of staff	Slow or inadequate response to notifications from public

Key Controls	Type	Date	Rating
Building Security access controls (alarms, CCTV, keypad access)	Preventative	May-23	Adequate
WHS Management Framework	Preventative	May-23	Adequate
Contractor site inductions	Preventative	May-23	Effective
Staff site inductions	Preventative	May-23	Effective
Drug and alcohol policy	Preventative	May-23	Effective
Employee Assistance Program	Preventative	May-23	Adequate
Hazardous Substance and Dangerous Goods registers	Preventative	May-23	Inadequate
Health and Wellbeing program	Preventative	May-23	Adequate
Incident register / incident reporting procedures	Preventative	May-23	Effective
Organisational Emergency Management Plan and evacuation diagrams	Preventative	May-23	Inadequate
Purchasing policies and procedures consider safety issues	Preventative	May-23	Adequate
Regular documented safety inspections	Preventative	May-23	Effective
Safe work practices (Safe Work Method Statements)	Preventative	May-23	Adequate
Toolbox meetings	Preventative	May-23	Effective
Trained first aiders	Preventative	May-23	Effective
Return to work programs	Recovery	May-23	Adequate
Establish WHS Committee	Preventative	May-23	Adequate
Embed safety procedures and policies into project management framework inlcuding contractor safety management handbook	Preventative	May-23	Inadequate
Defib training	Preventative	May-23	Adequate
Overall Control Ratings:			**Adequate**

Actions	Due Date	Responsibility
Establish procedures in liaison with LGIS for EAP	Jan-18	EMCCS
Update Hazardous Substance and Dangerous Goods Register	Mar-18	DAO
Develop procedures for the implementation of the Alcohol & Other Drugs Policy	Complete	EMCCS / OSH
Develop and implement a Grievance, Bullying and Harassment resolution procedure	Jun-18	EMCCS
Undertake training in HR policies	Superseded	EMCCS
Implement the recommendations of the Emergency Exercise report	Jun-19	TSO
Implement action plan incorporating results of OSH Audit	Complete	TSO
Review Safety Wardens at outstations and provide training	Ongoing	ESO EMIDS
Seek quotes for new YRCC and Gym access and arrange installation	Complete	IT/P/RM
Update procedure to reflect LGIS requirements for fire ground attendance	Dec-22	EMIDS ESO
Clarification from LGIS on private vehicle attendance to a fire ground	Dec-22	EMIDS ESO
Adopt the WHS Policy and Safety Manuals for staff	Jun-23	EMIDS/EMCCS
Undertake training in WHS policies	Ongoing	EMIDS
CCTV to be installed at all buildings	Jun-23	IT/P/GEAM
Update Evacuation Plans for the Depot to include new security gates and undertake	Jun-23	EMIDS
Access register to be developed and maintained for Depot	Ongoing	OAO
MSDS for Depot missing - sheets and register to be updated	Jun-23	EMIDS ESO

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
IT/P	Yes	Yes	Yes	Yes	Partial	
DSC	Partial	Partial	Partial	Partial		ongoing
EMIDS	Partial	Yes	Yes	Yes		
EMIDS	Yes	Yes	Yes	Yes		
EMCCS	Yes	Partial	Partial	Partial	Yes	
EMCCS	Yes	Partial	Partial	Yes	Yes	Temp EAP in place following LGIS withdrawal of service
DAO	Partial	Partial	Partial	Partial	Yes	
EMCCS	Partial	Yes	Yes	Yes	Yes	Ongoing yearly program
DSC	Yes	Yes	Yes	Yes	Yes	ongoing as incident's happen
DSC	Yes	Partial	Partial	Yes	Yes	ongoing at the moment
EMCCS	Yes	Yes	Partial	Partial	Yes	Does the purchase order need to be enhanced to capture conditions
DSC	Yes	Yes	Yes	Partial	Yes	Undertaken in January 2019
WS	Partial	Partial	Partial	Yes	Yes	
WS	Yes	Yes	Yes	Yes	Yes	
ESOCCS	Yes	Yes	Yes	Yes	Yes	
IT/P	Partial	No	No	Partial	Partial	
DSC						
						Training, process

Status of Actions	Comments
Complete	Support provided on a case by case basis. Employees are recommend to the service when required and
Complete	
Incomplete	Minor CCTV instalments have occurred. Shire to develop a strategy for use to understand the desired
Complete	Approved April 2018 following consultation and distributed to all staff.
Complete	Amalgamated with later training item
Closed	Now out of date. Replaced by regular audits and emergency evacuation item below.
In Progress	Work being undertaken by contractor currently
Ongoing	Sign in board for staff and visitor log for others - ongoing as the document is live
In Progress	Being completed along with evacuation training
Complete	New project in place to replace existing hardware.
In Progress	Update to reference new legislation. Safety inductions updated and rolled out for all staff. New handbook
Ongoing	This is an annual process. June training scheduled for relevant staff
Complete	To be replaced by regular inspections. Hazards will be captured on register. Contact Worksafe to see
Complete	Policy adopted 18/09/17 Procedures in place. Two random tests conducted to date.
In progress	MSDS file has been located but sheets need updating.
In progress	Budget allocation made for 22/23. Toggle entry access upgraded to Administration building. Other works
In progress	Still a risk. Key positions are being filled before Evacuation testing can occur at all facilities. Evacuation

Undertake access and alarm upgrades at Administration, YRCC and Museum	Jun-24	EMIDS	In progress	To be considered as part of the refurbishment project	
Undertake Emergency Evacuation testing at all facilities	Dec-23	EMIDS	In progress	Staff training scheduled for March 23 in dealing with aggressive customers. Discussed at WHS Working Group that incidents will be shared to all front facing teams to alert them to possible threats. AGO to develop procedure with volunteers	
Front counter replacement to consider upgraded security measures	Jun-23	EMIDS	In progress		
Mechanism for flagging aggressive customers and properties.	Jun-23	ELT	Complete		
Bushfire volunteer safety inductions and training	Ongoing	EMIDS ESO	Complete		
Continue to embed safety practices and processes into project work	Jun-23	EMIDS	Ongoing		

Consequence Category	Risk Ratings	Rating
Health	Consequence:	Moderate (3)
	Likelihood:	Possible (3)
	Overall Risk Ratings:	Moderate

Note: This list is exhaustive of all WHS actions as further items are reported through the WHS Working Group

Supplier / Contract management | Mar-23

Risk Context

Inadequate management of external Suppliers, Contractors, IT Vendors or Consultants engaged for core operations. This includes issues that arise from the ongoing supply of services or failures in contract management & monitoring processes.

This also includes:
• Concentration issues (contracts awarded to one supplier)
• Vendor sustainability

Potential causes include;

Insufficient funding	Inadequate contract management practices
Complexity and quantity of work	Ineffective monitoring of deliverables
Suppliers not willing to provide quotes	Limited availability of suppliers
Inadequate tendering process	Lack of planning and clarity of requirements
Contracts not renewed on time	Historical contracts remaining

Key Controls	Type	Date	Rating
Strict procurement / tender processes	Preventative	Mar-23	Adequate
Contract management and review program	Preventative	Mar-23	Adequate
Regular supplier / contractor review meetings	Preventative	Mar-23	Adequate
Legal advice (to confirm correct drafting of documentation and to prevent unknowingly accepting liability of the contractor or other parties)	Preventative	Mar-23	Effective
Contractor Online Induction	Preventative	Mar-23	Effective
Contract/Project Management Process	Preventative	Mar-23	Inadequate

		Overall Control Ratings:	Adequate

Actions	Due Date	Responsibility
Adjust Purchase Order Form to provide space for details of quotations sought.	Sep-17	FM
Meet with individual business units to provide further training on procurement policy	Sep-17	EMCCS
Review Delegation DE5-1 to remove delegation not to invite tenders	Dec-17	EMCCS
Establish a register of contracts.	Complete	EMIDS
Provide contractor induction training	Complete	TSO
Develop Statement of Business Ethics	Complete	EMCCS
Develop and implement a process for progress reporting on Shire contracts.	Complete	EMIDS
Implement procedures for online contractor inductions	Complete	TSO
Purchase orders need review to include terms and conditions to form a more	Jun-23	FM
Seek explanations for non-compliance and provide information on PO before	Ongoing	ELT
Implement regular monitoring of contracts register	Ongoing	EMIDS
Contractor Management Procedures	Ongoing	EMIDS

Consequence Category	Risk Ratings	Rating
Service interruption, Financial	Consequence:	Moderate (3)
	Likelihood:	Possible (3)
	Overall Risk Ratings:	Moderate

Control Assurance

Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
EMCCS	Yes	Yes	Yes	Partial	Yes	Procurement Policy in place and implemented. Tender documentation using WALGA templates. Procurement Review
EMIDS	Partial	Partial	Yes	Yes	Yes	Procurement Review
EMIDS	Yes	Yes	Partial	Yes	Partial	As required. No formal process.
EMIDS	Yes	Yes	Yes	Yes	Yes	WALGA templates are used.
						Investigated next week

Status of Actions	Comments
Complete	EMCCS and FM have attended meetings with each business unit to answer questions and clarify the procurement process.
Annual	Completed last year. All officers trained in new Altus procurement and refresher. Add to training roster.
Ongoing	Authorising officers seek information from purchasing officers. Delegation removed by Council at November 2017 OCM
Complete	
Ongoing	Register established. Contract dates being reviewed. Quotations sought for building services. Formal
Complete	Adopted by Council 29 July 2019. Available to public on Shire Webpage
Ongoing	This practice has been embedded now. Non-compliance is reduced by the new Altus Procurement system
Ongoing	Damstra/Velpic system rolled out to all contractors who attend Shire premises and is followed dup with
Complete	Contract register complete and in use
Ongoing	To amalgamate with contractor management procedures
Ongoing	EMIDS has produced contractor management suite of information and has provided to the OAG as per
In Progress	Reference material available. Workshop to be undertaken to ascertain draft. Lawyer to complete T&Cs

10 MOTIONS OF WHICH PREVIOUS NOTICE HAS BEEN GIVEN

Nil

11 QUESTIONS FROM MEMBERS WITHOUT NOTICE

12 BUSINESS OF AN URGENT NATURE INTRODUCED BY DECISION OF THE MEETING

13 CLOSURE